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ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

By D. HAYES AGNEW, M. D.,

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No. 23.

EXTRA-ORBITAL REGION.—(Continued).—

The eye-lids may become the seat of malignant disease, and when so, the lower is the one usually attacked. Why such should be the case it is difficult to understand, unless it be the fact, that the under lid is most under the influence of the tears, which it is reasonable to suppose are altered in constitutions with such a diathesis, and become more irritating.

At the inner commissure of the lids, or internal canthus, a little body is situated, called the lachrymal caruncle. It consists of a cluster of sebaceous glands, united by connective tissue, covered by the mucous and sub-mucous layers, and surmounted frequently with a few hairs.

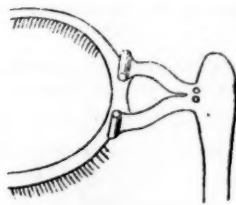
Practical remarks.—This little body serves to dam back the tears toward the puncta of the lachrymal canals. During sleep when the lids are closed the secretion accumulates, and in the morning is discovered as a little hardened mass at the corner of the eye. This body may become enlarged from an abscess, forming in its connective structure, or from aggravated cases of granular conjunctivitis, in which case the prominence consists of lymph effused into its submucous and inter-glandular tissue. Bodies

having the anatomical elements of warts or polypi, spring from the same locality, and calculi are in more rare cases met with, embedded in its substance. The term *encanthis* is applied to what is regarded as cancer of this body, but which must certainly be a very rare disease. The affection in horses, called by farmers the "hoxe," is an enlargement of this body, and irreparable mischief is often done to the eyes by the unnecessary removal of the caruncle. In the cases I have seen of this disease, the enlargement was evidently caused by a plastic exudation, the consequence of conjunctivitis.

Lachrymal apparatus.—This consists of the lachrymal gland, puncta lachrymalia, lachrymal canals, sac and nasal duct. The gland will be described with the parts within the orbit.

If the edge of the inner extremity of each eye-lid be examined, a small prominence may be seen, the *lachrymal papille*, in the centre of which are little dark points, "*puncta lachrymalia*." Each punctum is the orifice of a tear canal.

Fig. No. 22.



Exhibits the puncta, canals and sac.

Lachrymal canals.—These are two in number for each eye. They are partially lodged in a groove on the free surface of the eye-lids.

The direction of the upper canal is first upward and inward, and then downward and inward, that of the lower downward and inward and then upward and inward. They open into the lachrymal sac obliquely, distinct orifices being near to each other.

Their structure consists of a dense wall of white fibrous tissue, intermingled with elastic fibrils, lined with a mucous membrane and covered exteriorly by a layer of striped muscular fibres, the "muscle of Horner." This muscle arises from the os-unguis and dividing into two processes, spreads out over the deep surface of the two canals. The calibre of these two canals is about the size of a small pin, and when not diseased are open tubes, not collapsed as most mucous surfaces are.

Lachrymal sac.—This is a somewhat conical sac, which occupies the groove formed by the os-unguis and superior maxillary bones. Below, it is continued into the lining membrane of the nasal duct. It is formed of white and yellow fibrous tissue, lined by a mucous layer, which is very firmly adherent to its walls, and receives on its outer and anterior surface the lachrymal canals. This sac is crossed by the tendo-oculi or internal palpebral ligament, which may be made very prominent, by pressing the integument at the extreme part of the orbit outward. From the tendo-oculi several fasciculated expansions pass to the different surfaces of the sac, in addition to which it is covered by the inner fibres of the orbicularis palpebrarum muscle. The direction of the sac is outward and downward, and the sulcus in which it is lodged is opposite the middle nasal meatus, only separated from it by the os-unguis.

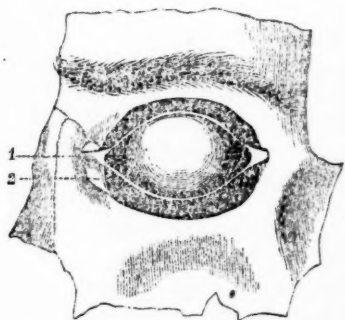
Nasal duct.—This is a bony canal extending from the sac to the inferior meatus of the nose, at the anterior part of which it opens. Its direction is downward, outward, and slightly backward. The degree of inclination will be in a measure regulated by the different facial conformations. The bones which form its walls are the os-unguis, superior maxillary and the inferior turbinated, and its diameter being greater at the nasal and ocular extremities than the middle, make it somewhat of an

hour-glass form. If the infra-orbital margin be traced inward, it terminates at the outer side of the entrance to this canal, by a little rounded nodule, which is much dwelt upon as a guide to the sac. The unimportant development of this point in a great majority of heads, will lead us, I think, to place upon it but little importance. The nasal duct is lined by a periosteal submucous and mucous layer, which are continuous with the lachrymal sac. The mucous layer is loosely connected with the parts on which it rests. Where the duct opens into the nose on its outer wall, a duplication of the lining membrane is often formed, which conceals the orifice. From what has been remarked, it will be noticed, that the nasal mucous membrane is continued into the duct, sac, lachrymal canals, and conjunctiva of the eye.

Blood vessels.—The arterial trunks come from the ophthalmic internal maxillary and facial. The angular artery lies close to the side of the nose; the veins empty into both the ophthalmic and internal maxillary.

Nerves.—These come from the palpebral branches of the fifth pair. The inclination downward and forward of the upper maxillary bone from the brim of the nasal duct should not be overlooked.

Fig. 23



Is a section of the frontal and facial bones. The eye-lids are attached to the outer part of the orbit by the external palpebral ligament, and internally by the tendo-oculi, marked (1), behind which is seen the lachrymal sac (2).

Practical remarks.—The puncta being on the edge of the tarsal cartilages, and directed toward the surface of the eye, are well adjusted for receiving the tears. Alterations in the

form and direction of the lids will be attended by such changes in the presentation of these little orifices as to often interfere with their proper function, causing one variety of epiphora. That of the aged, called senile lachrymation, is probably due to this circumstance. Connected with this overflow of the tears is frequently seen an ectropion of the lower lid produced by the excoriation and subsequent contraction of the surface. The angle formed by the first and second portions of the canals should be carefully studied, in order to convey an instrument through their centres without inflicting injury. The manipulation will consist in inclining the instrument toward the outer canthus, after carrying it a short distance through the punctum, at the same time drawing the corresponding lid outward, which will aid in straightening the angle. These canals may become obstructed by irritation or inflammatory swelling, incapacitating them for conveying the tears. This is often seen in influenza. Excessive lachrymal secretion may cause the tears to accumulate, and even run over the lids when these canals are perfectly normal. They may become obstructed by calculi. Wounds of the canaliculi are liable to render them ever after useless. They are sometimes congenitally absent. The presence of one will when there is no excess of secretion, be adequate for its removal. Their walls being extensible, may, by graduated probes, be dilated to many times their natural diameter.

The lachrymal sac is not only strengthened by the expansions from the tendo oculi, but is from the same attachments acted upon by the inner fibres of the orbicularis palpebrarum muscle. Its wounds heal readily without endangering the function of the sac, which is readily understood when we take into consideration its direction, determining the tears along its posterior, rather than the anterior wall. It may be ruptured by a blow, and as it communicates with the nose through the nasal duct, we have the explanation of the emphysema which spreads through the cellular tissue of the eye-lids and face.

In lachrymal fistula, the sac is opened by ulceration, as well as the integuments in front.

The reason why the tears do not always flow back from the sac through the canaliculi again upon the eye, where a mechanical obstruction exists to their passing into the nose, is owing to the obliquity at which the orifices of these canals open, endowing the mucous lining of the sac with the functions of a valve. The lachrymal sac being lodged in the sulcus of the os unguis, and the latter separating it from the middle meatus of the nose, a route for the tears may at once be made by perforating this bone, when there are insurmountable obstacles to the ordinary one. The introduction of a style into the sac and nasal duct, with a view to overcome stricture in the latter, and maintain a passage for the tears, without a correct appreciation of the parts, will prove embarrassing. The upper maxillary inclining in, rapidly toward the orifice of the nasal duct, is prone to make the operator suppose he is over the infra-orbital ridge when he is not, and the consequence is, the instrument may take a position between the bone and the muscles of the face. Again, if pushed too far in, it may graze the outer side of the sac and pass along the inner wall of the orbit. Let the reader recur to the diagram, and he will perceive that the tendo-oculi passes across the front of the sac. It is, therefore, clear that if the bistoury be pushed horizontally in under this tendon it will enter its cavity. But, again, if a skull be examined it will be found that the lachrymal sulcus, in which the sac lies, is directed toward the nasal, rather than the orbital cavity, in a niche between the two. Therefore the direction of the knife should be toward the nose more than the orbit, when in the event of its being carried too far it cannot pass beyond the posterior wall of the sac, where it reposes against the os unguis. Again, as the sac is continuous with the nasal canal, and has the same direction, the instrument once in the sac must be changed from the horizontal position to the vertical, and inclined as it is pushed on, inward, downward, and slightly backward. By the movement inward, I mean toward the median line of the forehead.

If any one will take up a skull, especially,

one in which the internal angular process of the frontal bone is well developed, and endeavor to pass a straight instrument along the nasal duct, he will find that the handle will strike the frontal bone before the point reaches the axis of the duct, and thus endanger the posterior wall of the canal. For this reason, the handle and the blade of the bistoury should not be in the same line.

Placed in front of the sac are the inner fibres of the orbicularis palpebrarum, ascending in fasciuli to their attachment into the tendo-oculi. On account of their direction, the knife, which is to enter the sac, should be passed in flatwise, that these fasciuli may be divided across and thus placed at rest, otherwise they are constantly displacing the style; and last, that the puncture should be made nearer the anterior margin of the nasal duct than the tendo-oculi, and not too near the corner of the eye, in order that the style in the one case may have a more fixed base upon which to rest and be less under the action of the soft parts, and in the other, that the angular artery or vein be not wounded. The nasal duct being surrounded by bony walls, may be injured by such accidents as implicate the facial bones, as fractures, tumors, necrosis, polypi, etc. The mucous lining of the duct being loose, its cavity will become very soon closed by an inflammatory exudation, as there can be no peripheral expansion, and as its middle is the narrowest portion, this, probably, first. It is such closures or strictures which determine a fistula lachrymalis. As the mucous membrane of the nose is the seat of many catarrhal attacks; is also maltreated with such a variety of villainous stimuli, it is reasonable to suppose that the disease, which produces fistula, most frequently commences at the nasal, rather than at the ocular end of the tube. The length of the duct, with the addition of the soft parts being a trifle over an inch, the style should be under that length. The nasal duct having an orifice at the anterior part of the inferior nasal meatus, may, when the mechanical obstacle, already specified, does not exist, be entered by properly formed instruments, from this surface.

Spina Bifida; with Observations.

By J. W. SPILLMAN, M. D.,

Of Columbus, Miss.

Having recently attended a case of this disease, which is one of rare occurrence, so that but few have an opportunity of seeing it, I have thought that the publication of a report of this case would not be entirely without interest to the medical profession.

I attended the mother of the child, who was the subject of this disease, at her confinement, which terminated without much difficulty. After handing the child to the nurse, my attention was directed by her to an extraordinary "mark" (as she termed it) on the back of the child. On examination, I found a tumor partially filled with fluid—it having burst during parturition—situated over the lower lumbar vertebræ. The tumor was two and a half inches in length and two inches in breadth. There was a space of an inch in circumference at the centre of the tumor, deprived of cuticle. The integuments at this point were thick, while around the edge of the tumor they were thin and transparent. By pressing on the tumor, along the middle line of the back, I discovered a fissure in the vertebræ. The pressure used seemed to give the child some pain.

The head of the child was of ordinary size, and well shaped, but there was a deficiency in the bony structure; could discover no marks of hydrocephalus. There was also malformation of the bones of the pelvis, the hip joint being out of place.

The following morning I visited the child, and found it doing well, having urinated and had an operation from its bowels during the night. The tumor having refilled, I punctured it, and there exuded a thin serous fluid. On the seventh day after the birth of the child the tumor began to inflame, and I was informed that during the night the child had slight convulsions. The child remained in this condition, without much change, until the tumor began to ulcerate. The convulsions then increased in frequency and severity; causing the head to be drawn back to the spine, and the legs to the abdomen. For several days before

the death of the child, the body retained this position, even when not under the influence of a spasm. The child died on the twenty-fourth day after its birth. My treatment in this case was occasional puncturation, together with slight pressure on the tumor.

The mother of this child has had three children, two living and healthy. Both the mother and father are stout and healthy. No hereditary taint in the family.

Spina bifida is a congenital disease, the most frequent situation of which is in the lower lumbar vertebræ. This disease is termed by some hydrorachitis, and is considered a dropsy within the spinal canal. Also, that the dropsy occurs prior to the formation of bone, thus causing the deficiency in the spinal column. This opinion is grounded principally on the fact that this disease is frequently associated with hydrocephalus.

Others contend that the primary cause of the disease is arrest of development in the structure of the bones of the vertebræ. The spinal membrane, not receiving sufficient support, is forced out, by the fluid within, thus causing the tumor. I am forced to adopt this opinion, from facts connected with the case above reported. In this case there was not only a diseased condition of the bones of the vertebræ, but also of the head and pelvis. The local dropsy within the vertebral canal, certainly could not cause the malformation of the bones of the head and pelvis. There is another fact connected with this case, which will tend to establish this position. There was no appearance of hydrorachitis, or tendency to dropsy in any other portion of the body, excepting at the tumor. As dropsical effusion is not a disease, of itself, but an evidence of a morbid state, the presence of fluid in spina bifida may be accounted for thus:—The spinal membranes secrete a fluid for the purpose of lubrication and protection to the chord. These membranes in this disease are distended, producing an increase of secreting surface, consequently there must be in the same ratio an increase of the secreted fluid.

External Manipulations of Fœtus in Utero to rectify supposed Malpositions—Vindication of the action of the Scott County (Iowa) Medical Society in expelling a member for alleged unprofessional conduct.

(Official.)

"The New York *Medical Press*," of January 28th, contains an editorial notice of an article, published in the same number, from Dr. I. Langer, of Iowa, in which editorial the following language is used.

"This, we think, is a thorough refutation of the charges brought against Dr. Langer by his late associates of the Scott County Medical Society, placing them in an unenviable light before the professional world."

It must appear a little remarkable to the profession that this expression of opinion should be made by the conductors of a medical journal, on the *ex parte* statement of a man, who stands convicted of conduct unbecoming a physician and a gentleman, and of wilful violations of the code of ethics. It is no uncommon circumstance for a party arraigned for crime in courts of justice to make out a plausible story of persecuted innocence, and sometimes so successfully as to enlist the sympathy of all who may listen, until the evidence of guilt is presented. For a judge or jury to pronounce the verdict of not guilty, on the representations alone, of the party accused, would be even less unreasonable than the course pursued by the editors of the New York *Medical Press*. Less, because in this instance the party has been tried by a body of his peers, and found guilty, and condemned as unworthy of their confidence and fellowship. The haste with which they have presumed to reflect unwarrantable accusations against this body of medical men, must rather place themselves, as editors, "in an unenviable position before the medical world." The members of the Scott County Medical Society fear not the verdict of the profession at large, relating to the course they have taken; and when all the facts are fully known, they are confident of being sustained by all who are hostile to quackery, and have the good of the profession at heart; and, for the honor of the profession, they regret the

hasty and inconsiderate step which has been taken by the editors of the above mentioned journal.

In due time, the action of this Association will, undoubtedly, be reviewed by the State Medical Society of Iowa, before which will be placed all the evidence in the case. But, in the mean time, it cannot permit such gross misrepresentations, and unfounded opinions to pass unnoticed before the medical world.

The grounds on which the Society acted, and the position it has taken in relation to a certain kind of practice, are expressed in the following preamble and resolution passed at the quarterly meeting of the Scott County Medical Society, October 25th, 1859.

"WHEREAS, at the previous meeting of the Scott County Medical Society, held July 26th, 1859, Ignatius Langer was found guilty of a charge then preferred against him, of making, and repeating from day to day certain unwarrantable examinations and manipulations of a pregnant female, previous to the time of labor, with the pretended object of discovering and correcting a malposition of the fœtus in utero, and of publicly proclaiming the object and intention of his repeated visits to said patient; And whereas, said Langer, in the face of an unanimous vote of this Society condemning the practice, still persists in his avowed determination of requiring females to submit to any examination of their persons which he may think proper to make at any time during their pregnancy, which is contrary to all authority and usage, and derogatory to the dignity and decency which should ever characterize the conduct of a physician and gentleman; And whereas, certain other charges, then preferred against him, which were submitted to the investigation of a special committee, have been well and fully substantiated by testimony adduced by various persons, members of this Society, and others, and which charges constitute special and distinct violations of the letter and spirit of the Code of Ethics, by which this Society is governed; And whereas, during this investigation, said Langer has publicly uttered various contumelious remarks regarding the members of this Society individually and as an association of professional men, thus exhibiting his disregard of the opinions and actions of the Society, endeavoring to cast upon it the imputation of ignorance and the want of a generous spirit of tolerance; And whereas, this Society deems it due to its own self-regard, and to the standing which it has ever endeavored to sustain among all honorable organizations of its kind, to protect itself against these aspersions, to discountenance and condemn, in the most em-

phatic manner, the indecent and disgusting practices above mentioned; therefore be it

Resolved, That the said Ignatius Langer is no longer worthy of fellowship with us, having forfeited all claims thereto; that hereafter we individually and collectively will hold no further professional intercourse with him, and that he be and is hereby formally and finally expelled from the membership of this Society."

By the above it will be seen that the expulsion was based upon violations of the Code of Ethics, as well as improper conduct in a case in practice; and yet the editors of the *Medical Press* say, that the paper of Dr. L. is "a thorough refutation of the charges," when the paper contains only an attempt to refute one part of them, and that by making a false issue! How thorough the refutation is, this communication will show.

First, let the profession understand that the Scott County Medical Society has never denied the possibility or propriety of turning by external manipulation *at the time of labor*. Whatever our opinions, as individuals, may be on this subject, the Society has never entertained its consideration, nor has any one ever been denounced for such practice. But it has condemned, and still condemns the practice of requiring females to submit to examinations of their persons, during the period of gestation, for the purpose of making attempts to correct supposed malpositions of the fœtus *previous to the commencement of labor*. When the expelled member brings forward authorities in support of the practice of turning by external manipulation after labor has commenced, and has the characteristic mendacity to affirm that we discredit such authors, and convey the impression that he was expelled for such practice, he is manifestly endeavoring to make a false issue in order to obtain the sympathy of those who can thus be deceived. It is important, therefore, that the profession should understand this point distinctly. We will show that the Society had good cause to take action upon this question, independently of all others, and that we are sustained in our decision by the best living authorities of our country.

The value of the paper, signed by Mr. and Mrs. Whisler, will be appreciated by compar-

ing it with the following communication from Dr. Gregg, of Rock Island, a veteran member of the profession in our sister State, himself of foreign birth and education, and inferior to none, in every accomplishment becoming a physician and a gentleman.

Statement of P. Gregg, M. D., of Rock Island.

"*Audi alteram partem.*"—Such is the heading of an article, to which my attention has been recently called, written by Dr. Ignatius Langer, of Davenport, Iowa, and published in the *New York Medical Press*, of January 28th. Appended to the article is an apparently imposing array of authorities on the subject of external manipulations for the correction of foetal malpositions, and also a certificate from a lady and gentleman, endorsing the gentlemanly conduct and scientific attainments of Dr. L., in a particular case.

The propriety of the above classical caption, on the part of Dr. L., is well enough, as he had heard, and was conversant with the other side of the question. But the *ex parte* endorsement of his article, by the editors of the *New York Medical Press*, is certainly open to very grave objections, as they had before them but the *unum partem* on which to base an opinion as to the merits of the case.

Time does not permit, nor does inclination prompt me to enter upon a discussion of manipulations in general, nor to involve myself in a controversy on this particular item, among many, of the charges which led to the expulsion of Dr. Langer from the Scott County Medical Society. But inasmuch as my disapproval of, or dissent from the practice pursued in that case, and expressed to a member of the Society, originated the charge referred to, justice to myself, and to the Society require from me a full statement of the case, with such comments as may be necessary for its elucidation.

In the month of April, of the past year, I was waited on by Mr. W.—r, who very earnestly requested me to visit his lady, in Davenport, in consultation with Dr. Langer. In answer to my inquiry, as to what the trouble was, he replied, (I give his homely, but expressive language,) "My wife is about being put to bed, and the Doctor says, the baby is wrong. The Doctor has a sore finger and cannot operate." On arriving in Davenport, I found the Doctor in his office, and proceeded with him to the patient's residence; the Doctor carrying his arm in a sling, one finger immersed in a tin-cup of iced water, and which, he informed me, had been his condition for several days, owing to a severe contusion of the finger.

On arriving at the house, I was ushered into a front parlor, through the open, postern door of which, I saw the patient coming from her kitchen.

The Doctor met her in an intermediate room, where he had the lady placed on a bed, and manipulated (with one hand, it will be observed) for some four or five minutes, when he came out and invited me to make an examination, saying at the same time, he thought he had rectified the difficulty.

I must confess to no small surprise, (agreeable of course,) on finding that there was no necessity for my aid, or interference in what I had naturally supposed to be a case of labor. No little out-stretched arm silently, but forcibly pleading for the exercise of obstetrical science in its behalf—no little innocent, elbowing or shouldering his or her way into worldly life! No chance there for "a striking effect," (*vide* Dr. Noeggerath—*New York Journal of Medicine.*) But before me was a strong, healthy, well-formed, and quite fleshy lady, without a single premonition of labor, not a hair's breadth of dilatation of the os-uteri; nothing, in fact, justifying the presence of an old woman, much less of counsel from the other side of the river.

After expressing my opinion to the lady and her alarmed husband, in which the Doctor coincided, that *all was right*, I left, the Doctor accompanying me. There was as little necessity for his remaining, as for a consultation.

On the day of the Doctor's arraignment before the Society, I was present, and stated the case substantially as here related, inviting Dr. L., if in anything I misrepresented, to correct me. He admitted the truthfulness of my statement, but contended that he did not mean to be understood as correcting the malposition during the short time of my visit, but that he had been gradually accomplishing it, little by little, for a number of days, and on the occasion of my visit he had completed the somersault!

If I may be permitted the use of a slang phrase, intending thereby no disrespect for the Doctor, I would say, this change of position was from "the frying-pan into the fire."

Is this to be the future practice, sanctioned by the *New York Medical Press*? Is a man to be sustained by the profession, when he asserts that he can and did, from hour to hour, and day to day, hitch the foetus, as it were, on to some imaginary hook, or shelving projection in the uterus, until his leisure permits him to take another hitch, and so on, and this, too, when a woman is moving about, attending to her domestic affairs!

I confess to the obscurity of my locality, and my name in the profession; but I claim that twenty-four years of active practice, and attendance on, at least, twelve or fourteen hundred cases of obstetrics, entitle me to a modest protest, if nothing more, against such practice as developed in this case.

The certificate of Mr. and Mrs. W.—r can have no force as a defensive item for the Doctor. Not

that I would discredit their statement, on the contrary, I would defend their veracity if assailed; but the "feeling different on this occasion from preceding occasions, and something must be wrong, Doctor," is the old story, and with which every practitioner is conversant; and those "false pains" and "unusual feelings" open up to the unscrupulous quack the most extensive field for imposition. The credulity of women in a pregnant state, and their confidence in their medical attendant are unbounded; and the man who would basely take advantage of that confidence either to produce "a striking effect," or to promote his pecuniary interests should not be acknowledged by the profession nor sustained by the public.

Signed,

P. GREGG.

Rock Island, February 10, 1860.

The above statement of Dr. Gregg conveys to the profession a graphic and truthful account of the origin of this controversy. So evident was the unblushing quackery of the whole proceeding, that he was arraigned before the Society by Drs. Barrows and Witherwax, two venerable members of the profession, who had years previously retired from practice, but still, with a highly commendable spirit, retain their connection with the medical organizations of the country, and participate in their proceedings. The former, Dr. E. S. Barrows, is now President of the State Medical Society of Iowa. Dr. L. acknowledged the practice of which he was charged, and affirmed, that he would always require a pregnant female to submit to any examination he thought proper to make at any time during her gestation; and further, that he would not prescribe to such a person, unless permitted to do so. He acknowledged, also, as Dr. Gregg testifies, that he repeated his visits, and manipulations, and examinations from day to day, during which time he was slowly progressing in the accomplishment of his purpose, with this very accommodating fetus, up to the time when Dr. G. was called to the case, when, *keeping Dr. G. out of sight*, he suddenly gives it the last finishing touch of his magic hand, and "all was right;" and the lady resumed her occupations in attending to her household duties, happy, no doubt, in the promise of a safe delivery when her full time should arrive! He furthermore made no denial of the charge that he had, during this period, given the matter

a wide notoriety, by relating the character of his visits and their object, to people on the streets, and elsewhere, in violation of all propriety, and with an object too patent to admit of a doubt. The Society then condemned the practice of which he was guilty, and suspended him from membership by an *unanimous vote*. The charges of general unprofessional conduct and violations of the Code of Ethics, were referred to a committee, with instructions to investigate the facts, and report at the next quarterly meeting. The investigation was made during the following three months, and a report submitted, in which his guilt was admitted, but a milder punishment than expulsion recommended, *so far as the charges submitted to their investigation were concerned*. All the testimony was presented in writing and read in full before the Society, and also the defence of the party accused, which latter paper contained as its basis of argument, a series of deliberate and gross falsehoods, of which we have positive proof in the records of the Society. After this, letters were read from a dozen or more Professors of Obstetrics, and others, in different parts of our country, from some of which are taken the extracts, which are given below.

In accordance with the sentiments expressed in these letters, and in a firm conviction of acting in strict reference to the requirements of duty and justice, the Society decided that the charges of Drs. Barrows and Witherwax were sustained; and expelled him from membership, for reasons expressed in the preamble, against one negative vote. This vote was given by the chairman of the committee, who accompanied it with this statement, to go upon the record, that he voted in the negative to be consistent with his action as chairman of the committee, which had recommended a milder punishment, but he coincided in sentiment with the authors of the letters which had been read, and acquiesced in the justice of the verdict of the Society. The lateness of the hour had compelled many of the members to be absent, among whom was Dr. Witherwax, one of the two original accusers, (Dr. L. falsely states that both were present.). As Dr. L. has tried to

make it appear that he was tried and condemned by a faction, it becomes necessary to mention the above particulars, and to state further, that on this question the Society is a unit in sentiment. It is composed of members, who reside in Davenport, Le Claire, Princeton, and Blue-Grass, and in various parts of the country within the county, and those who reside without the city of Davenport were prevented from adding their names to the affirmative only by the lateness of the hour, before which they had been obliged to leave to return to their distant homes.

The following extracts are from the letters above mentioned, which were written in reply to certain questions addressed to them in behalf of the Society, and which letters now constitute a part of its records.

The extracts given below are in reply to the question, "What would be your opinion of the conduct of a man who, professing to be able to detect and rectify malpositions of the fetus in utero before labor, attempts to do so by repeated manipulations, and proclaims to his friends and the public what he is doing?"

We will first give the answer of CHANDLER R. GILMAN, M. D., *Professor of Obstetrics in the College of Physicians and Surgeons of New York.*

"I say unhesitatingly that the man is a fool and a knave both, and as such utterly unworthy to belong to any association of honorable men. On this subject, it seems to me that there ought not, and cannot be any difference of opinion among scientific physicians and honorable men."

The next is from H. MILLER, M. D., *Professor of Obstetrics &c., in the Louisville Medical College, President of the American Medical Association, and Author of a standard work on Obstetrics.*

"There can be but one answer to the question by all right-thinking and right-feeling practitioners, namely, that he is an arrant, unblushing and grossly indelicate charlatan."

And he further writes:

"As to the practice of always examining or desiring to examine ladies previous to the commencement of labor, to ascertain whether or not the position of the fetus is right, I agree with you that such conduct is 'highly indecent and unwarrantable,' and I may add, that it ought not, and I would fain hope

will not be tolerated by 'decent' females in any part of our country."

P. A. JEWETT, M. D., *Professor of Obstetrics in the Medical Department of Yale College, New Haven,* writes:

"It is quackery; and no respectable physician, who values the honor of the profession, would engage in such a course of imposition."

JAMES P. WHITE, M. D., *Professor of Obstetrics in the Buffalo Medical College,* writes:

"My opinion is, that a man who so professes and conducts himself, is a quack."

TRUMAN KNOOLDS, M. D., *Professor of Obstetrics in the Iowa Medical College,* writes:

"I should consider such a man a knave, making a base attempt to deceive the public for the purpose of gain; and further, if I could be made to believe that such an individual *reposed any confidence in his pretensions*, I should think him *insane or a fool*, and a subject for the contempt or pity of all honorable men, just as ignorance, insanity or rascality dictated the course."

WM. H. BYFORD, M. D., *Professor of Obstetrics in the Lind University of Chicago,* writes:

"I unhesitatingly say, that it is *contemptibly unprofessional*. The man who thus demeans himself forfeits the fellowship of honorable medical men, should be anathematized by all professional organizations, and spurned from decent society."

And again he says:

"I can hardly find words strong enough, in which to condemn the practice of always asking to examine ladies previous to labor, to see if the child is in the right position. It is certainly *disgustingly indecent*, and I can see no motive but the morbid lustful desire of lascivious libertinism, thus to handle the persons of lady patients."

PROF. VALENTINE MOTT, M. D., L. L. D., writes:

"Such conduct could only be pursued by a *charlatan*. If by a regular practitioner, he would deserve the contempt and reprobation of the profession."

The following is from A. T. WOODWARD, M. D., *Professor of Obstetrics in the Castleton Medical College, Vermont.*

"Furthermore, I think any person living in the hope of daring to ask forgiveness for unremitted sin, if compelled by a God-forsaken propensity to practice dishonesty in the healing art, would, unless lust were engraven eternally on his soul, seek some less revolting, a more pardonable way, than that of fingering the credulous and unsuspecting pregnant female, with promises of a safe labor to both mother and child for the sacrifice."

We might go on and quote from Prof. GILBERT and Prof. HODGE, of Philadelphia, and numerous others, in condemnation of such conduct and practice. But space will not permit, and why need we mention any more? Are not these sufficient for our justification? Upon these men does such a person as this Dr. Langer dare to cast the imputation of "gross and unpardonable ignorance" and "a criminal neglect of duties!" in the same spirit, and with as much regard for truth as his brother Hungarian, Dr. EISLER, of New York, writes a paper which was read before the Leipsic Obstetrical Society, and published in the Berlin Obstetrical Journal of Oct. 1859, in which luminous paper he says: "In New York, more especially, be it remarked, the science and art of obstetrics has been taught *only during the last three years*. Therefore, the science of obstetrics takes here (in New York) a *very low rank!*" We find with deep regret and astonishment, that even Dr. Noeggerath joins in this denunciation of American practitioners, by charging them with "unjustifiable neglect," and imputing to them most unworthy motives. (*N. Y. Jour. of Med.*, Nov. 1859, p. 347.)

It will now be apparent, that the members of the Scott County Medical Society of Iowa acted deliberately, unitedly and advisedly in this matter; and with the emphatic condemnation of such practice and conduct by the men of highest authority and standing in our country, we felt that it would be a dereliction of duty on our part if we failed to act in accordance with their expressed opinions.

Will the editors of the *New York Medical Press* now venture to say, that we are placed "in an unenviable light before the professional world?" and will they call this "persecution for opinion's sake?" Let the profession beware how they credit the statements of one to whom the above expressions of our most eminent teachers apply, and one who has been proven in the society of which he was a member to be utterly regardless of truth. If it were not noticing too much the communication of this man in the *N. Y. Med. Press*, evidence of this same disposition to deception could there be pointed out. Some have already

been alluded to; and we may state that in his lame and labored effort, by aid of Dr. Noeggerath, to bring apparently an array of authority to sustain him, he includes those like RAMSBOTHAM, who emphatically deny the possibility of detecting mal-positions before labor. Thus this author says, (p. 262, 4th Am. Ed.) "It is then only after labor has commenced, and when, indeed, it has made some progress, that we can positively detect a transverse presentation;" and yet he names this distinguished author as one of those who support his position! and more than that, he is named as one of those who have no credit with the members of our society, when he knew he was saying an untruth, and practicing a piece of deception which is in keeping with the character of the practice of which we found him guilty. But the paper, with all its absurdities, misrepresentations and gasconade, is unworthy of further notice, and would not be noticed at all but for the editorial endorsement it has received, accompanied with an unbecoming reflection upon our official action and professional character.

In the March number of the *N. Y. Jour. of Med.* will appear a paper from the Scott County Medical Society, in reply to Dr. Noeggerath, who has publicly called our attention to his last report, in a manner which betrays the spirit which prompted its publication. To this we invite the attention of the profession of the United States, upon whom Dr. Noeggerath and others who are so much his inferiors that they should not be named together, have presumed to cast the imputation of "gross and unpardonable ignorance" and "unjustifiable neglect," and what Dr. N. calls "a very pardonable desire" to practice so as to produce "a striking effect!" Dr. N. may yet learn that American practitioners are not amenable to such a charge, and if such desires appear "pardonable" in his estimation, they will receive no such endorsement by the members of the profession he thus insults. It may, however, be pardonable for them to prefer the sound practical common sense of English and American writers, to the vagaries of the German *Illuminati*.

And what is the practice which Dr. Noeggerath would have the profession of this country adopt?

It is worthy of note, that what one of this class of obstetricians (*Mattei*) considers proper and commendable, another luminary of this order (*Esterle*) regards as "unnecessary and dangerous."

It is also on record that in a letter to a member of the Scott County Medical Society, addressed to him in its behalf, Dr. Noeggerath says, "the very labor pains are *required* to insure the success of the operation," by which of course is implied that it cannot be performed before labor. Soon after this, in the Nov. No., 1859, of the *N. Y. Jour. of Med.*, he says in effect, that it may be performed before labor, but it will do no good; and directs us to wait until labor has commenced. Two months later, in the same journal, he teaches that it should be performed before labor, "*at any time during the last three months of pregnancy, as soon as the accoucheur detects a transverse presentation!*" How can Dr. N. expect the profession to keep pace with such wonderful progress? In his last communication he recommends, through Esterle, when ordinary manipulations fail, to resort to "*gentle knocks*" upon the ends of the foetus alternately, and "*concussions*" upon the head "in quick succession." Is this the climax of the practice, or must we look for something still more marvelous in the next Report? All this is to be done "at any time during the last three months of pregnancy, (last November it was to be done only "at the time of the beginning of labor.") If the rectification is made in the seventh month, how frequently must it be repeated during the eighth and ninth? and how frequently must the search be made for malpositions? Evidently, according to this doctrine, every unborn child must have a doctor to *pilot its direction* during its last three months of foetal life, and all pregnant females must be examined repeatedly during the last three months of gestation, as invariably, and as much a matter of course, as we now feel the pulse of an invalid!

Such is the character of the practice which

has been condemned by our society, and such the consistency of its advocates! We are informed by Prof. D. HUMPHREYS STORER (on what authority he does not say) that, "In the Hospitals of Vienna women are constantly presenting themselves for examination to the physicians to have their "presentations" determined; and the physicians affirm (?) that in the great majority of cases they can and do determine this *previous to the seventh month.*"

Cui bono? one may well ask. Such needless and worthless experiments (if such are made) may be tolerated by those females who are totally lost to all sense of decency and shame, in a city where the standard of morality is so low that nearly or quite one half of all the births are illegitimate; but it is presumptuous, to say the least, for such advocates of obstetrical fumbling to ask the people of this country to adopt a practice so repugnant to their ideas of morality. Advocating a practice of this character, and disagreeing among themselves as to how much of their operations are "unnecessary and dangerous," they presume to lecture the profession of this country for not having adopted this *unnecessary and dangerous, and highly immoral and disgusting practice*; and dare to utter the charge of "gross and unpardonable ignorance" and criminal and unjustifiable neglect of duty. And such language as this has received the approving commendation of the editors of the *N. Y. Med. Press*, and a Medical Society is denounced for its condemnation of such a practice. Are they *Americans* who thus submit so graciously to these insulting imputations? But it matters not. We are members of one common brotherhood in our noble calling, and the interests of humanity as well as the honor of the whole profession demand a careful scrutiny of the conduct of those who would dishonor its character and degrade its dignity by the tricks of a charlatan, though practiced under the imposing garb of scientific pretensions, and in the name of medical progress. The members of the Scott County Medical Society of Iowa stand before the profession of this country firmly committed to the denunciation of this repulsive innovation, which they regard as

mockery of science and a caricature on medical progress.

It is our object by this communication to place in its true light the exact nature and origin of this controversy, which has been so grossly misrepresented; and to show that we have been sustained by the best living authorities of our country.

For a review of the paper of Dr. Noeggerath which he recommended to our perusal, and a full exposition of the absurdity of the practice and its unfounded claims to scientific pretensions, the attention of the profession is again invited to an official communication which has been sent for publication to the *New York Journal of Medicine*.

J. M. ADLER, M. D.,
E. J. FOUNTAIN, M. D.,
C. C. PARRY, M. D.,
J. W. H. BAKER, M. D.,
THOS. J. SAUNDERS, M. D.
Committee.

Davenport, Iowa, Feb. 10, 1860.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL,

FEBRUARY 8TH,

Servive of Dr. Francis G. Smith.

(Reported by Mr. J. B. Hayes.)

Dropsy—Progress of Cases.—Dr. Smith remarked, that on the last day he occupied the hour with the consideration of Dropsy. One of the cases he had brought up to-day to report progress. It was a case of ascites. The patient says, that she feels a great deal better; the swelling is diminished one-half, and she can now sleep on either side. The treatment had been infusion of juniper berries and bitartrate of potassa, an ointment consisting of equal parts of mercurial and compound iodine ointment to the region of the liver, and a roller to the abdomen.

The other case—anasarca, depending upon renal disease. He had noticed in this case, a diminished amount of the secretion of urine. On Saturday afternoon, the patient was attacked with convulsions. The urea was doubtless retained in increased quantity in the blood, and produced a toxic influence on the nervous system. The same phenomena were occasionally seen in pregnancy. Anasarca of both

upper and lower extremities, was produced by the pressure of the gravid uterus upon the great blood vessels, and the convulsions of the puerperal state were dependant, as is generally believed, upon retention of urea.

When this condition is observed, we should always set the kidneys freely at work, not only to remove the oedematous condition, but also the urea.

The Urine in Pneumonia.—Dr. S. remarked, that as the attention of the class had been frequently called to this disease by his predecessor, he did not propose to-day to make any extended remarks upon its nature or treatment. This patient he had brought up for a two fold purpose. First, to show the beneficial effect of a stimulating plan of treatment, in this case of acute inflammation. There had been in addition to pneumonia of the left lung which had passed on to the stage of red hepatization, decisive indications of an approaching attack of delirium tremens. Besides opium and calomel, an ounce of whiskey was given every two hours, not only with no bad effect upon the inflammation, but with a decidedly good influence over the delirium. The patient was approaching convalescence, as indicated by a return of the crepitant rale, in the affected lung. Secondly, to bring to the notice of the class a test for the urine in pneumonia, which was believed to afford valuable indications of the existence, progress and decline of the disease. It has been shown by Simon and Redtenbacher, that in the progress of pneumonia, there is an absence of chlorides in the urine; but that as soon as convalescence is established and the respiratory function restored to a certain extent in the inflamed lung, the chlorides again appear in the urine even before the physical signs indicate a return to health, the presence of the chlorides seem to show it.

If any chlorides are present in the urine, they are readily detected by adding to it, in a test tube, a drop of nitric acid and a small quantity of nitrate of silver. In the progressive course of the disease, no precipitate will take place, but in convalescence there will be a precipitate, the white chloride of silver, such as is seen when the tears become opalescent, on nitrate of silver being dropped into the eye.

The urine of this patient afforded a dense precipitate of chloride of silver when the test was applied. The same was observed in the urine of two other patients; and in all these the physical signs indicated returning healthy respiration. This test, as thus applied in these three cases, Dr. S. remarked, was very good so far as it went. The next point to determine is, whether we will find the chloride absent in the advancing first stage of the disease. He had the highest authority for believing their absence.

and he should take care to exhibit the test as applied in the early stages and progress of the disease, as soon as opportunity was afforded.

Dr. Bennett attaches considerable importance to the absence of the chlorides, as a sign of diagnostic value, and calls it a *clinical fact*. The test is so simple and so easily performed, that it could be done by any one in the sick room.

Chronic Dysentery.—This patient, Henry Moore, aged 33, was attacked with dysentery in the latter part of June of last year. His discharges have become more natural, but are not normal; mucous is not now mixed with them, but smeared upon the outside.

He has improved upon the following pill, taken every two hours:

R Plumbi acetat gr. j.,
Pulv. opii., gr. ½,
Hydrarg. chlorid., mit., gr. 1-12. M.

His diet is exclusively farinaceous.

With regard to the acute variety of the disease, when occurring in a sthenic subject, Dr. S. remarked, that he had a few words to say. The ordinary plan of treatment in such cases, was depletion, either general or local; afterwards mild laxatives to clear out the bowels, and then calomel, opium and acetate of lead. A plan proposed some years ago by a French physician, was depletion, not from the arm, but from the alimentary canal itself, by saline cathartics.

In his own practice he had preferred to use Rochelle salt. Of this, one ounce was to be dissolved in a pint of cold water, and a wine-glassful taken every hour until a bilious evacuation was produced. It was then to be stopped, and 10 grains of Dover's powder given. This in most cases, was followed by the cessation of the disease. It might seem to be bold practice to give a cathartic, supposed to be active, but when we remember the state of the alimentary canal, and what is the action of a saline cathartic in producing exosmosis from the blood vessels, and the effect of a saline diluted upon the liver in promoting the secretion of bile, it loses much of its apparent temerity.

It had been used not only in the case of adults, but even in young children, the dose, of course, being regulated according to the age.

Of the fact there was no question, that the saline treatment had proven more successful in his hands than any other.

Jaundice.—This patient shows her colors. We have only to look upon her to recognize the disease. This affection has been described under various names; among which are *icterus*, as described by Dr. Watson, from the Greek name for a bird of golden plumage, the sight whereof by a jaundiced per-

son, was death to the bird and recovery to the patient; *morbus regius*, so called from the luxurious treatment recommended for its alleviation; *morbus argutus*, from its exhibiting the bright color of the rainbow; and *jaundice* from the French *jaune*,—yellow.

The coloration is not a disease *per se*; but a symptom of disease. It is a question still admitting of debate, as to the cause of this coloration. You are aware that the liver is the largest gland of the body, and that it is engaged in pouring out a fluid which is partly recremental and partly excremental. Of this the coloring matter is purely excremental, resulting from disintegration of the tissues; it is one of the products of retrograde metamorphosis and injurious if retained in the body. Many are disposed to adopt the idea that this coloring matter is one of the results of the disintegration of the red corpuscles of the blood. There seems to be some plausibility in this, as the spleen, in which this disintegration is supposed to be produced, has a direct vascular communication with the veins of the liver. One thing seems certain, that it is intended to be eliminated, for it is always present in healthy and natural faces. In this case, it is returned in the blood and shows itself upon the skin and several visible portions of the mucous membranes. You may observe the stain upon the conjunctiva and the tongue.

Jaundice is productive of depressing symptoms, low spirits or melancholy accompany it. The presence of bile was supposed by the ancients to be productive of melancholy, as the term *melancholia* imports.

One of the points of interest in this affection is to be found in the question; What is the cause of jaundice? How does the coloring matter come to be visibly present in the tissues? Is it *retention* of the bile, as some maintain, or *re-absorption*, as others think? Those who ascribe it to the *re-absorption* of secreted bile, trace it to some mechanical obstruction to its escape into the alimentary canal, as a gall stone or inspissated mucous; or when no obstruction to the duct can be found, they ascribe it to a temporary spasm of the biliary duct.

The other doctrine is that of *retention*. It teaches that all the bile exists pre-formed in the blood; that in consequence of arrest of the secreting function of the liver, there is an accumulation of bile in the circulation. Opinions are divided as to which of these theories is true. There seems to be truth upon both sides. Some cases of jaundice are doubtless dependent on impaction of gall stones in the duct. In other, examined after death, no obstruction has been found. Jaundice may suddenly supervene upon some emotion of the mind, as anger, fear, or mental distress. In such cases it occurs too rapidly to be accounted for by the mechanical theory.

I believe that jaundice may be produced in either way: by mechanical obstruction to the exit of the bile, or by a sudden arrest of the secreting function of the liver. In this case, I attribute it to the former cause.

This patient came in on the 24th of January; she was taken sick with a cold and pain in the left side, on the 1st of November. She had occasional relapses of the cold, and in the latter part of December became suddenly jaundiced. This was preceded by pain in the stomach of so violent a character as to cause her to faint. She has had repeated attacks of this previously, and subsequently to the jaundice. She has had occasional vomiting; her stools are totally deficient in bile, and look like the evacuation of a dog. When I press over the surface of the liver, she complains of pain. There is slight inability to lie on the left side. The cause of the jaundice in this case, I am disposed to ascribe to the obstruction occasioned by a gall stone, which had found its way into the common cholelith duct. The bile has accumulated behind it in the ramuscles of the liver, and has so interfered with the action of the secreting cells as to prevent its further elimination.

There is another theory of the pathology of jaundice, which comes from high authority and is worthy of examination. It is that presented by Dr. Twining. He says, that just below the centre, a line drawn from the right nipple to the umbilicus there will almost invariably be found pain upon pressure. In many cases albuminous infiltration of the capsule of Glisson was found. In this capsule, at the termination of the ductus choledochus, two small bodies are situated, which he supposes to be glands, and which he frequently found to be enlarged, when examined in his dissections after the termination of jaundice. Dr. T. believes, that an enlargement of these glands will compress and obliterate the common biliary duct, and that the absorption of bile is thus occasioned in those cases, in which no other cause can be assigned.

Treatment.—In this case, we have endeavored to restore the secretion of bile, but thus far with no decided result. We have put her on the use of mercurials, which we have pushed as far as we dare. Her urine still continues to be loaded with bile, and the skin to be deeply suffused with it. I am disposed to try to eliminate it by the kidneys; to see if by the administration of alkaline diuretics, we cannot get them into increased action. She now takes every four hours; acetate of potash, 10 grains, and sweet spirits of nitre, 20 drops. I will also direct to be rubbed over the liver, 10 grains each of the compound iodine and mercurial ointments, and will wait to see whether the cause of the disorder will not disappear, without resorting to any active measures for its removal.

FEBRUARY 11TH.

Pathological Specimens; Abscess of Pharynx.—

This, Dr. S. remarked, was a case interesting from the infrequency of its occurrence. Its history was as follows: The patient, a negro, was admitted last Saturday. He was taken sick the Thursday previously with "a bad cold." There was inability to swallow, hoarseness, difficulty of articulation, cough and expectoration of a viscid mucus, which became, subsequently, watery, and then muco-purulent. On Sunday he lay upon his back with his head elevated; respiration laborious, and accompanied with a peculiar vibrating sound; when he attempted to swallow, the fluid was returned by the nostrils. The pulse was frequent and feeble; the cough was harassing, and the expectoration profuse. The tongue was brown and dry, and the patient altogether in a very feeble condition.

Spirits of Mindererus and wine-whey were administered; cataplasms of flaxseed applied to his throat, and he inhaled the vapor of hop tea. His voice somewhat recovered its tone, and he became able to swallow, but his general condition became more and more prostrate. On auscultation the vibrating sound, before mentioned, was heard over both lungs, and Dr. S. was so convinced that there was something vibrating in the neighborhood of the larynx that he examined carefully to see whether the velum pendulum was in motion. This condition continued all day Monday with a gradual deterioration. On Tuesday moist rales were heard all over the chest, and also tracheal rales. The patient was supported by milk punch and carbonate of ammonia, and was sinapized over the chest; but continued to sink, and died quietly on Wednesday morning.

On inspection, post mortem, as might be seen in the specimen before the class, the larynx and trachea were in a high state of inflammation. The mucous membrane was intensely red, and the cellular tissue beneath was infiltrated with pus, which came from an abscess in the pharynx, on the right side of the thyroid cartilage. The bursting of this had suffocated the patient; he had literally been drowned in his own pus. From the lung, when squeezed, pus and mucus made their escape. The mechanical closure of the rima glottidis, by the pressure of this abscess, had doubtless produced the vibrating sounds which were observed. The lecturer then alluded to the subject of pharyngeal abscess, and remarked upon the danger and obscurity of the disease. Of fifty-eight cases of post-pharyngeal abscess, Dr. S. remarked, thirty-one had proved fatal, and in many the cause had been discovered only after death. It seemed to him that we ought to be able more readily to diagnosticate them—that if we carefully looked into the pharynx, instead of confining our attention to the lungs alone, and by exploring the parts with

our finger we might be able to discover the abscess. Still, even if discovered and opened, there was risk of the patient's dying, as this one died—drowned in the pus of the abscess.

The Thermic Treatment in Sciatica.—This patient, Dr. S. remarked, was brought before the class for the purpose of showing a method of treatment which he had used in private practice with very satisfactory results. This man, after exposure to cold, seven months ago, was seized with intense pain in the back. The pains have continued in the right leg to this time, notwithstanding he has gone through all the course of anti-rheumatic treatment; the marks of moxas were still visible along the course of the sciatic nerve.

Dr. S. proposed to-day to apply the *thermic treatment*, which consisted in the application of a heated iron to the painful part. Attention was first called to this by Sir David Carlisle in 1826. The practice did not attract much attention, however, until it was renewed by Corrigan, of Dublin, and subsequently by Dr. Day in 1849. The latter had shown that not only temporary, but permanent benefits resulted from it. The mode of application, as exhibited by Dr. S., is as follows: a polished disc of iron about an inch in diameter is heated in a spirit lamp until it becomes so hot that it cannot be comfortably held in the fingers. It is then applied by light touches over the course of the affected nerve; not allowing it to remain long enough on the surface to vesiccate, but simply to redden. In this case the patient expressed himself as entirely relieved from pain after the operation was performed. The results, according to Corrigan and Day, were very striking.¹ In some instances a single application had sufficed to cure a chronic affection; and in a case of chronic lumbago in his own practice, Dr. S. remarked, the patient, after a few applications, was made to get up and walk.

Case 2d.—The patient, a female, suffering under this same affection, was brought in upon a bed. She had had the disease constantly for five years, and had been in the hospital ten weeks. She was now suffering with general rheumatic pains. She had been subjected to the same treatment, and thought that the "burning" was the best treatment she had had. At the time of its first application she was in severe pain. The pain immediately left her, and she was able to walk. Subsequent trials had repeatedly relieved her suffering, and her condition had been improved.

Dropsy, Dependent on Cardiac Disease.—This patient was brought into the amphitheatre in a chair. He came into the hospital yesterday in a state of

complete orthopnoea. He is about fifty years of age, a native of Ireland.

He was attacked early in January with a shortness of breath, without any pain. His lower extremities are now very oedematous, and about two weeks ago he began to observe swelling of the abdomen. He is now unable either to lie down or to walk. The point to be determined, Dr. S. observed, was, whether the cause of his condition was renal, cardiac or hepatic.

The urine was accordingly tested by heat and nitric acid, but no albumen was detected, but a slight cloudiness of urine, which disappeared on the application of heat, was seen. Upon physical exploration of the chest a sufficient cause for the dropsy could be detected, in a bellows murmur accompanying the first sound of the heart. This was caused by regurgitation of the blood through the left auriculo-ventricular valve. A partial stasis of blood in the lungs was produced in consequence, evidenced not only in the difficulty of breathing, and in the bluish color of the lips, which indicated imperfect aeration of the blood, but also by mucous rales heard in both lungs. In consequence of this obstacle to the flow of venous blood, its watery constituents have soaked out both in the lungs and in the dependent portions of the body, the effusion finally showing itself in the abdomen. The pulse here was not commensurate with the vigor and intensity of the heart's action.

The *diagnosis* was dropsy from obstruction to the cardiac circulation.

The *treatment* would be directed to the attempt to cause the absorption of the effusion by diuretics and hydragogue cathartics, and to prevent its recurrence by rest, quiet, and tonics. He would order half an ounce of the bitartrate of potassa to be taken in divided doses throughout the day; and the following pill, three times a day:

R. Hydrargyri chlorid. mit.	gr. 1,
Pulveris scillae.	gr. 2,
Pulveris digitalis,	gr. j. M.

By this treatment he might expect to remove the discomfort of the patient; but at this time of life we could not expect to cure an organic disease of the heart. We could only hope to palliate it in some degree.

Lead Poisoning.—John Nevin, 35 years of age; a native of Ireland, a painter. The patient was pale and haggard. His physiognomic appearance was such as we might suppose to be produced by some deleterious agent in his system. He had an attack of lead colic, similar to the present, first in 1855. He is now obstinately constipated, and complains of pain most about the umbilicus, not relieved by pressure. The belly is hard and retracted. The peculiar nature of the disease could be recognized by the

¹Day on Diseases of Old Age. Appendix.

bluish coloration of the edge of the gums. This color was due to the presence of the sulphuret of lead, produced by a chemical reaction between the sulpho-cyanides in the saliva, and the lead which had been introduced into the blood through the lungs, or stomach, or both. Dr. Theophilus Thompson has called attention to a red streak on the edge of the gums, as an early diagnostic sign in phthisis, and he attaches much importance to it, and suggests that it may also be dependent on changes in the quantity or quality of the blood in this disease, as the blue line is in lead poisoning.

Treatment.—The bowels should be moved with castor oil and laudanum, and chloroform and camphor given to relieve the pain. This was only palliative. We should endeavor to remove the lead from the system. M. Melsens has shown that iodide of potassium will eliminate it by the urine. We shall put the patient on this remedy in doses of 5 or 10 grains, and then test the urine to see whether the poison is eliminated by this excretion.

JEFFERSON MEDICAL COLLEGE,

JANUARY 14TH.

Notes from the Clinic of Prof. Pancoast.

Ulcerated Housemaid's Knee.—This female presented an inflamed and ulcerated bursa of the knee, which had undergone scrofulous degeneration.

The base, or stool of this chronic ulcer, as the encircling rim of unhealthy plastic matter was called by Sir Charles Bell, was hard and thickened. Two ordinary scrofulous ulcers of smaller size were seen on the inner side of the joint. Dr. P. remarked that an ulcer in this condition often refused to heal, when it would readily do so if the hard circular rim were divided. In many cases of ulcers of a specific kind, he often destroyed the rounded form of the base by incisions into it, and sometimes by the removal of a V shaped piece, with very good effect. In this case he divided the edges through to the outer healthy structure, in three different positions, not deeply, lest he should involve the involucre of the knee joint. A corn meal and yeast poultice was ordered to be applied, renewed every six hours, and the following tonic and alterative pill directed to be taken, twenty minutes after each meal.

R	Potassii Bromide.,	gr. iij.	
	Ext. ignatiæ amar.,		
	Piperin,	aa gr. 3.	
	Ferri carb.,	gr. i.	M.

After twenty four hours poulticing, the following ointment was directed to be used:

R	Hydrarg. oxyd. rubr.,	ʒj.
	Cerat. plumbi-subacet.,	ʒss.
	Vini opii.,	fʒj. M.

Lotions of lead water and laudanum were also prescribed, to be applied over the ointment with patent lint covered with oiled silk, retained by a few turns of a bandage.

Malposition of the Testis, with Hydrocele between the muscles of the Abdomen.—Operation and removal of the testicle, by the ecraseur, for malignant disease.

In this patient, a gentleman from Virginia, the right testicle had never descended into the scrotum; and a large, elastic, painful tumor existed in the right inguinal region, extending in the direction of the crural arch seven or eight inches in length, and five inches in breadth. The patient had suffered from protracted constipation, great pain at the seat of the tumor, and occasionally with severe and long continued attacks of hiccough, and had applied to Dr. Pancoast for relief. The diagnosis here was difficult. A tumor in this critical portion of the body, Dr. P. remarked, suggested many things as its cause, an abscess of the various kinds that might occur in this region, or hernia, with its many complications, such as dropsical accumulation in the hernial sac, or a new descent of the intestine and its peritoneal coat into an old sac, as he had again and again seen, or a large accumulation of fat about the testicle or cord, which was not inaptly called by the old writers an adipose hernia. A case of which he had successfully relieved by an operation before the class a few years since. In one case which had somewhat recently come under the care of Dr. Norris and himself, a tumor of small size, was formed in the same place by an intestinal hernia, which has forced its way through the cellular tissue which connects the epididymis to the testicle; the testicle not having descended was found situated above the upper orifice of the inguinal canal, and the strangulated bowel was lodged in a space between the peritoneum and transversalis fascia. But here especially in connection with an undescended testicle of the same side, he was inclined to the belief that the tumor was connected with some disease of this organ, either hydrocele of the tunica vaginalis, or malignant disease of the testis, possibly both together. Dr. P. remarked that he scarcely knew why it was so, but this seemed a very unsafe position for the testicle to be placed in. He had seen two or three cases in which malignant disease had been developed in a testis which occupied this position, perhaps caused by the unusual pressure to which the organ was subjected. A drawing which he exhibited to the class, represented a case of this nature. Both the testicles had only partially descended in that instance, and lay upon the front surface of the aponeurosis of the external oblique muscle; the left one which was greatly enlarged and painful he removed before the class in this place, in October, 1857. It proved to be carcinoma.

matous; the patient recovered rapidly from the operation, and in April, 1858, when he left for his residence in Illinois, seemed perfectly well. But he had reason to believe, that the cancerous disease, which it is too apt to do in these cases, had again manifested itself, and this time in the lumbar absorbent glands.

After some remarks upon the descent of the testis in foetal life, the patient was etherized, and Dr. P. proceeded to operate, observing that, if the tumor should prove to be an old hernial sac, the same treatment would be proper, as for a hydrocele of the tunica vaginalis of the testicle, which had never descended through the inguinal canal. If he should find an accumulation of fluid he should allow it to escape, but would not inject the sac with iodine. It was safer to open the part freely and know precisely the condition of the interior. If he should find a cancerous degeneration of the testicle, he would extirpate the gland by that far famed instrument, the *écraseur* of Chassaignac.

The external incision was made by what is called the through and through cut; a fold of skin being pinched up over the middle of the tumor, and the bistoury passed through at its base, the incision was then enlarged to the extent of about 5 inches.

The superficial fascia was divided on a grooved director, and a ligature placed on the *arteria ad eutem abdominis*; the incision was made in the same manner through the aponeurosis of the external oblique muscle. The tumor lay between this and the internal oblique. Its adhesions were separated completely around, except at the base, by the finger, and the elastic sac was punctured by the grooved director; precisely the same straw colored fluid followed the tapping, as in ordinary hydrocele, and to the amount of 16 or 20 ounces, thus giving direct proof of the fact that the tunica vaginalis testis is not formed in the walls of the scrotum, but descends from the great peritoneal sac with the testicle, and also that a hydrocele may exist between the muscular walls of the abdomen.

The sac was then divided completely and an enormous soft, vascular and spongy testicle exposed, thus realizing the worst fears of Dr. P. It was raised from its bed and its base carefully examined, in order that no part of the intestine might be included in the ligature which was passed around it, previous to the application of the *écraseur*. This gentle elevation of the testicle opened the internal abdominal ring, to which it was slightly adherent and served as a plug. A portion of the omentum which protruded was pushed back, and the finger of an assistant prevented its further escape. A small hydatid was observed, and the remains of the gubernaculum, at the lower portion of the testis. The spermatic cord was here so short, so near the cavity

of the abdomen that nothing could so safely accomplish its division as the *écraseur*; and to avoid the possibility of hemorrhage, he should proceed with the division very slowly and cautiously. The time required for the removal of tumors by this instrument was directly in proportion to their vascularity.

Usually in the division of the spermatic cord he passed a ligature through it by means of a common darning needle, so as not to cut, but rather pass between the veins, above the point where the *écraseur* was to be applied, thus guarding against the retraction of the cord into the abdomen, and the risk of concealed hemorrhage, which with this instrument is very slight.

The time in this instance from the application of the instrument to the complete separation of the testis, was 30 minutes; not one drop of blood followed, and the surface of the stump was converted into a sort of coriaceous mass, hard, white and tough.

The danger of life to the patient, Dr. P. remarked, must necessarily be immediate and great, from the severity of the operation, in which he had to divide a spermatic cord of unusual size, and with a very short root, and a further, and perhaps, still greater risk was in the deposit of the encephaloid matter in the glands at the side of the lumbar vertebrae, in which position, if the disease should be developed, the patient would be placed beyond the reach of surgical skill. The wound was closed by stitches which included the divided edges of the external oblique muscle. A greased compress was laid over the part, and a roller bandage applied to prevent any hernial protrusion.

EDITORIAL DEPARTMENT.

Periscope.

Hypnotism.—[Translated by O. D. PALMER, M. D., Zelenople, Pa.]—

*Hoc Gallicæ consurtudinis—
Rumoribus aque auditionibus permoti,
Summis sæpe rebus consilia ineunt.*

Cæsar's Com. Lib. 4;.

An enthusiasm amounting almost to ecstasy, has been recently produced in the scientific world of Paris, by the supposed discovery of a new method of effecting anesthesia. This novel method, which bears the appellation of *hypnotism*, is made to consist in a species of extemporaneous strabismus, caused by conveying the axis of the eyes, to a point a few inches from the root of the nose. In this operation, certain muscles, the *recti superiores*, and the *levator palpebrarum*, are in a state of forced

contraction, and the continuance of this action, during a period varying from three, to fifteen minutes, superinduces a state of the sensorium, identical with catalepsy, or at least analogous to it, called a hypnotic state. The extracts which follow, translated from recent copies of the *Gazette Hebdomadaire*, will give some intimations of the discovery, introduction, reception, and success, of this marvellous agent, now monopolizing the attention of that metropolis of science and civilization, Paris.

A young provincial surgeon, Dr. Azam, adjunct professor in a school at Bordeaux, brought to Paris this singular method, the fruit of prolonged studies, and numerous experiments, patiently instituted, during a long period. Eighteen months since, he had occasion to attend a young hysterical patient, in spontaneous catalepsy. He observed in her exceedingly curious facts, which it does not come within our province to relate here. A professor in the Academy of Sciences, Dr. Bazin, being instructed by his experiments, advised Dr. Azam to examine an English work, published in 1842, by M. Braid, and in which is found indicated a means of producing artificial catalepsy, and anesthesia. Dr. Azam, having procured the work, of which there is given an analysis by Carpenter, in the *Cyclopedia of Todd & Bowman*, (article *Sleep*) he instituted upon this young cataleptic, and nearly thirty others, numerous experiments. He ascertained the greater part of Baird's assertions to be substantially correct, among others, that catalepsy and anesthesia, could be procured at will, by proceeding in the following manner.

The subject is sitting or lying in a convenient position, the operator puts before his eyes, at some three inches distance, and generally within the point of distinct vision, a bright body, on which the eyes are to be directed, and fixed continuously; the body should be so placed, that the eyes are directed upward, and inward, by the firm contraction of the proper muscles, causing convergent strabismus. Hardly has this fatiguing attitude been persevered in for two or three minutes, till we see the pupils contract, and then dilate, the palpebra oscillate rapidly, and then fall down, and immediately the subject is asleep. Two symptoms attend this state, catalepsy precisely as described in the class books, and anesthesia, enduring from three to fifteen minutes, complete, or incomplete, but which generally permits pinching, pricking, and tickling, without the least trace of sensibility, or

without modifying in the least the cataleptic state. This state of anesthesia is usually succeeded by the opposite state, of hyperesthesia, in which we see the ordinary senses, the sensation of temperature and of muscular activity, attains a degree of more than usual impressibility; at any moment of the experiment, the symptoms can be made to suddenly cease, by frictions and sufflations of cold air on the eyelids, in a similar manner to what has been seen in the researches of Dr. Paul on catalepsy. The subjects returned to their normal state, preserve no remembrance of what has passed, during the preceding moments.

The gentlemen engaged with this subject specially, Drs. Azam, Broca, Fallen, and Velpeau, merit at least an examination, and they should not be assailed under what pretext soever, with incredulity, or even obstinate doubt. It has been a long time a reproach to the learned, their proud disdain for the extraordinary. We are in an epoch, in which all that is announced under a serious mien, and proceeds scientifically, merits examination; we live in a time, in short, when it would be unreasonable to turn away the eyes, merely because what is shown us, is simply improbable and marvellous. Furthermore, the better way, and indeed the only, to judge anything, consists in at first looking it full in the face, and this is what has been done by the grave men we have cited; this is what we have undertaken to do ourself. We will merely add, that Dr. Azam has arrived in Paris, fully persuaded that surgery was in possession of a new anesthetic. The readers may judge from the following, of the value of this impression.

We hasten to lay before our readers a case by an ancient colleague, a distinguished provincial surgeon, Dr. Grurineau, adjunct professor in the secondary school at Poitiers.

In the case that follows, we have not to do with an impressible woman, hysterical, and predisposed, by a nervous fantastic system, to extatic manifestations, more or less poetic and marvellous. The subject was a peasant, a little nervous, lymphatic, exhausted, and anything but a stoic.

Case. George Jarry, aged thirty-four years, from the village of Mortimer, had been treated for several months in a hospital, for a white swelling of the left knee. So painful was this knee, that the least motion caused the patient to cry out. He had given his consent, that the leg should be amputated at the thigh.

I operated in the presence of several distinguished surgeons. One of them held a

spatula, within about three inches of the root of the nose of the patient, whilst lying in a horizontal position. Strabismus convergent upward, was promptly produced.

Five minutes had elapsed, since his eyes had been fixed upon the spatula; I raised the left arm up, and let it go; immediately it fell. Then there was no catalepsy. The patient said we would not be able to put him asleep, by this process. I immediately recommended the greatest silence in the apartment, where numerous parties had begun conversations; I spoke no further to the patient, who eyed the spatula with perseverance. After five minutes of the most profound silence, I performed amputation of the inferior part of the thigh, by the double flap operation. During this operation, which lasted a minute and a half, the patient did not make the least plaint or motion; I now spoke to him, and enquired how he was. He said in answer, he thought himself *in paradise*, and seizing my hand carried it to his lips. During the operation, his eyes were affected by a twitching movement. They had the appearance of searching for the spatula. A student, pinching his thigh a couple of minutes before the operation, asked if it gave pain, "O, I feel it a little," said he. After the operation, Jarry said "he knew the time the leg was cut off, for at that period, they asked him if he had any pain." Now it was two minutes after this interrogation, that the operation commenced, and during all the time of this, his visage offered not the least spasm or contraction. All this time the eyes of Jarry seemed to search for the spatula.

It was quite evident to the assistants, that the patient did not experience pain, as he did not make the least plaint, whilst previously he cried out on the least motion of the affected limb.

When Dr. Azam reads the above, he will, without doubt, experience a lively satisfaction; he will find in it encouragement to pursue it, without too much pre-occupation with certain malevolent checks. We wish, moreover, he may induce anesthesia of his auditory nerves, until the uproar of skeptics shall be appeased. As for our own part, without abdication of any doubts, or any philosophic prudence, we continue to observe and to reflect.

AR. VERNEUIL.

The following case appears to have occurred in Paris.

Case. Woman aged twenty-four years—

extensive burn of back and right limbs—abscess of the verge of anus, voluminous, and very painful—weakened by pain, and otherwise pusillanimous, greatly fears incision—was told she would be put asleep—a copper cylinder, (Brick's lunette) placed three inches before root of nose—patient to see this object, was obliged to squint strongly; pupils immediately much contracted, pulse rapid previous to experiment, first a little accelerated, then becoming feeble, slow; two minutes are passed, pupils dilate, left arm raised vertically from the bed; remains immovable in that position; toward fourth minute, answers are slow, laborious, but perfectly sensible; respiration slightly affected. At the end of five minutes M. Follen pricks the skin of the left arm, in vertical position; no movement; pricks again, giving rise to a drop of blood; passed equally unperceived, right arm placed in attitude same as left arm; laid bare seat of abscess; patient permits all, quietly saying she fears to incur some injury from us. In short, seven minutes after the *début*, Dr. Follen made a large opening into the abscess, which gave issue to a large quantity of fetid pus. A light cry, lasting less than a second, was the only sign given by patient of feeling; otherwise not the least twinge in the muscles of the face, or limbs; arms have constantly maintained the attitude first given them.

Two minutes more, the position ever the same; eyes ever wide open; a little injected; the visage impassible, the pulse as before the experiment; the respiration perfectly free, the subject always insensible. We raised the right foot, it remained suspended in the air; the cataleptic state of superior limbs present.

Dr. Broka removed the bright body, which had constantly been kept before the eyes; he used friction over the eye-lids, and a stream of cold air. The patient made some little motion. She was asked if anything had happened to her. She answered she knew of nothing. The three limbs remain still in the attitude given them. Pricking again upon the left arm is not perceived. Eighteen minutes after the commencement of the experiment; twelve minutes after the operation, friction again, sufflation again on palpebra; sudden awaking; the members in catalepsy fall all at once. The patient rubs her eyes, and resumes her consciousness. She remembers nothing, and is astonished at having been operated upon. Her state is comparable, as far as a certain point, to that of an individual who has come out of an ordinary anæsthetic sleep. Always

the waking is more sudden; without agitation, and without loquacity. The anesthesia, interrupted by the provoked waking, has lasted at least fifteen minutes.

We understand that Azam has succeeded in anesthizing a young girl, under the eyes of Prof. Trousseau, very promptly, and all leads to the belief that these experiments will be multiplied.

We ought merely to anticipate, that some subjects, show themselves altogether refractory to *hypnotism*.

We wish in conclusion, to forewarn our brethren, against too sudden an enthusiasm, as well as against an ultra skepticism. We should study the question coolly, calmly, and patiently. The promoters of this discovery, as well as those who seek to propagate it, do not wish to deceive, or to be deceived.—*Ed. Gaz. Heb.*

Reviews and Book Notices.

Proceedings and Debates of the Third National Quarantine Sanitary Convention, held in the City of New York, April 27th, 28th, 29th and 30th, 1859.

If we look for a science which promises in its diversified applications, the largest amount of good to mankind, we shall find it in Hygiene. This truth is beginning to be known, and the wonder is that it should have been so long unobserved, and in a great measure obscured, scarcely more by ignorance than by false learning. Much time and ingenuity have been wasted in speculations on the causes, much on the precise anatomical and vital characters of disease; but comparatively little has been given to a study of their prevention. The precepts and examples on a large scale, furnished by the ancients have, in a great measure, been lost sight of for a long series of ages, and when the medical classics began once more to be studied, the parts relating to hygiene were those which commanded the least attention. The "Aphorisms," "Prognostics" and "Epidemics" of Hippocrates received much more frequent and extended commentaries in the schools than his admirable treatise on "Air, Waters and Places;" and the hygienic precepts applicable to all times, of Celsus on civic life,

¹ Reported by Charles Cullen and William Anderson, Phonographic Reporters New York Board of Councilmen, Sept. 19th, 1859, Document No. 9. New York: Edmund Jones & Co., Printers to Board of Councilmen, No. 26 John street, 1859. pp. 728. 8vo.

and the regimen for a weak stomach are far from being the chapters of his eight books on medicine, which have most attracted the notice and commendation of his readers. The bodily training in the gymnasia, and the palestra as a part of physical education, and as schools for soldiers among the Greeks and Romans, found few imitators, until of late years, among the moderns. Were we to call hygiene preventive medicine, we should probably secure for it a larger share of public interest, and a more careful study of it on the part of the profession. Too generally it seems to be regarded as a curiosity in literature, of which physicians may remain ignorant, without imputation cast on their want of proper curiosity and of a knowledge, not only becoming their situation, but essentially necessary for the discharge of their appropriate duties.

Within the last thirty years or so, physicians have been startled from their lethargy by the terrible invader and destroyer, cholera, which might merit the title given to Attila, the Goth; and terrified and stricken communities, seeing how little could be done to stay the violence of its attacks, have asked their advisers, both in and out of the profession, how these could be prevented, and as, in the case of the barbarians, who in successive swarms assailed the Roman empire, how bought off—hygiene once more raised her drooping head; once more was invoked to furnish the means of purifying the air, charged with mephitic and poisonous exhalations, of neutralizing and destroying these, and of washing away by copious streams of water, the accumulated filth of cities and towns. The common words, ventilation, cleanliness, sewerage and sewage have come up before the public with a larger and more significant meaning than was ever thought of before. Homely as such themes seemed to be at first sight, they were found to represent interests of great magnitude, and to exert an important bearing, not only on health and longevity—and this alone ought to suffice to secure universal attention,—but also on commerce, arts and morals. In the western hemisphere an additional fillup to rouse the slumbering is every now and then given by yellow fever, which frightens people out of all the proprieties of life at the time, but seems to leave them in a state of singular forgetfulness after the danger has passed away.

Thoughts like these came across our mind on looking at the volume before us, and whose title head this notice. It embodies much valuable information on the most prominent topics

which would naturally come up before the Convention, and evinces an earnestness of purpose, and a grasp of comprehension of existing wants, and of the means of rectification, which can hardly fail to impart present confidence, and stimulate to farther efforts. The original plan of the association, the credit of which belongs to Dr. Wilson Jewell, was suggested by the great defects in the then existing system—we ought rather to say, practices—of quarantine, and looked to a correction of its many abuses. It was soon seen, however, that the subject of quarantine could not be discussed with any approach to fulness, without entering on the entire domain of hygiene, of which it constituted but a part; and hence the addition of "sanitary" to that of "quarantine," to indicate the future objects of the convention. The first or preliminary meeting was held in Philadelphia, the second in Baltimore, and the third in New York. The proceedings of the last, including the reports of committees, make up the contents of the present, which is also the first regular volume. We are unable in the limited space to which we are necessarily restricted, to furnish more than a brief notice of its very valuable contents. Our regret at this restriction is the greater from the circumstance that although a large number of copies, (2,500) have been printed, none of them are as yet placed on the bookseller's counter for sale.

The volume opens with a brief history of the rise and progress of the Quarantine Sanitary Convention, in the form of a letter written by Dr. Jewell, to which succeeds a journal of the proceedings of this body during its four days' session. We then read under the title of appendix, A, B, C, D and E, reports of the Committees on Quarantine, on the internal hygiene of cities, on sewerage, water supply and offal, on the importance and economy of sanitary measures to cities, and finally a draft of a sanitary code for cities. The whole concludes with an account of the proceedings at the banquet, given with the characteristic hospitality of New York. The discussions in the Convention ran chiefly on quarantine regulations, and grew out of the Report on the subject. This interesting and instructive document emanated from a committee, consisting of Drs. Jewell, Moriarty, Cleveland, Wragg, LaRoche, D. F. Condie and Wm. M. Kemp. The first, fifth and sixth of these named gentlemen, are as we all know, from Philadelphia, the second is from Boston, the third from Brooklyn, the fourth from Charleston, S. C.,

and the last from Baltimore. We see it stated that of the several subjects referred to this committee, Dr. Jewell wrote the history of quarantine, and the answer to the question, "Have quarantines secured the objects for which they were originally intended? If not, the reasons of this failure?" Dr. Condie answered the question, "what reforms are required to make quarantines more efficient and less burdensome?" Dr. Wragg examined the question, "is a uniform system of quarantine laws feasible? If so, to prepare a plan by which the object may be accomplished." Dr. LaRoche, without assuming a special part, gave his critical eye and historical knowledge to a supervision of the topics, which devolved on his Philadelphia associates. The fifth specification of the resolution, designating the subjects referred to the committee, was given by Dr. P. Warner Cleveland, of Brooklyn. It was "a consideration of the best means for purifying an infected vessel," but it has not yet been answered by Dr. C.

The history of quarantine, as we find it in this report, will be attractive both to the general and professional reader. The necessity of measures of protection against the spread of diseases, vaguely termed pestilential, and believed to be contagious, was first felt by the Italian cities, which were largely engaged in trade with the Levant, Egypt, and other parts of Northern Africa. The initiative was taken by Venice, which, as early as 1348 had health officers, and in 1418 instituted a quarantine code. This had been preceded by the establishment of a lazaretto or pest house, for the seclusion of individuals attacked with the plague. The first Board of Health was created by the same republic in 1485. Reference is made in commendatory terms to Dr. G. R. B. Horner's accounts of the systems of quarantine, in force a few years ago, in different parts in the Mediterranean, and especially in those of Spain.¹ The first attempts at protection from the plague in England were made by the people of Gloucester, who, in 1348 cut off intercourse with Bristol, then the chief commercial city of the island. This, like nearly all similar attempts made in other countries, was unsuccessful. The first national efforts, in the form of a royal enactment, with the aid of the Privy Council, were made in the reign of James I.

¹Medical and Topographical Observations upon the Mediterranean, &c. In Bell's Select Medical Library.

in 1603. Notwithstanding the most rigid and cruel restraints on the intercourse between the sick and well in 1665, the plague spread over a great part of England. We cannot follow the committee in their narrative of the introduction and enforcement of quarantine in the different countries on the continent of Europe, but pass on to a notice of "the first instance on record in this State, [Pennsylvania], if not in all America, of the detention of a vessel on account of sickness, that has any resemblance to the enforcement of quarantine laws," which "was in April 1728, when the sickly vessel arrived in the river from Bristol, England." One of these vessels, the *Dorothy*, which had cases of malignant fever on board, was prohibited from coming nearer than one mile to any of the towns or ports of this province, and its master or owners were enjoined not to land any goods, sailors, or passengers at Philadelphia without license, under the penalty in the said act mentioned. The sheriff was directed to serve a notice of this order on the master or owners, and also "to provide some convenient place at a distance for the reception of those persons still sick on board, that proper care may be taken for their recovery." Nine days after these timely proceedings, we quote from the Colonial Records, Vol. III., say the committee, the said ship was "allowed to enter and put on shore the goods and passengers on board; due care being had, that before said vessel came up to Philadelphia, all the bedding be put ashore at a convenient distance from the city, there to be aired, the vessels to be smoked with tobacco and washed with vinegar; the bales of woollen goods on board to remain some time exposed to the air on deck before landing; and further, that said ship lay out in the stream of the river, and not come near any wharf till she is sufficiently cleaned." Better directions for purification and protection could hardly be given at the present day than those issued more than a century ago. We may claim to possess more active and searching disinfectants, but, after all, our great reliance must be on air and water. "In 1743 the Colonial Assembly passed an act providing for a lazaretto, or hospital for sick passengers arriving in the province, and 'to prevent the spreading of infectious distempers, a tract of land was purchased called Fisher's Island, afterwards Province Island, at the junction of the Delaware and Schuylkill rivers for this purpose.' Successive sanitary acts relating to quarantine were passed from 1700 to 1774 by the provincial legislature, and subsequent

enactments and modifications by the State government down to 1818. The law, as modified in this year, is that which with but few unimportant amendments is the one now in existence. New lazaretto buildings were erected at Tinicum in 1800, which continues to be the present station.

In Massachusetts, legislation on the subject of quarantine, dates back to the beginning of the last century. The quarantine establishment at Boston is on Deer Island, in charge of the Mayor and Aldermen, who constitute a Board of Health. It was not until 1758, that the colonial legislature of New York enacted a law, entitled "an act to prevent the bringing in and spreading of infectious distempers in the colony." It contains the germ of the present quarantine system of that State, including even the appointment of a Health Officer. The first lazaretto was established in 1799 at Staten Island, and the requisite buildings were erected there. The new and existing system was framed, and first carried into effect by enactment, in 1857. Both the medical and general public have read in the newspapers of the efforts—and these not of the most peaceful kind—made by some of the people of Richmond County in which Staten Island is included, for the removal of the lazaretto and its warehouses.

A health office and quarantine were established in New Orleans by legislative enactment in 1818. This was repealed the next year, 1819, and another act was passed in 1821 to be repealed in 1825, 'through popular clamor and indignation;' the yellow fever having prevailed every year, and for two years in an epidemic form. From that time until 1855 New Orleans was without quarantine laws or regulations; but in the year just mentioned a new law was enacted, by which the quarantine was placed under the direction of the Board of Health, and its provisions were to be carried out at a station about seventy miles below the city.

For cause, already assigned, we are unable to put our readers in possession of a continuous thread of narrative, and the subsequent reflections of the committee, which show the general inefficiency and want of success of quarantine, and at the same time the trammels which it has needlessly imposed on commerce, and international and social intercourse, with, also, attendant circumstances of great injustice and cruelty. The fallacy of making the state of the health of a place from which a vessel may sail, without regard to the condition

in which she may be, and the generation of causes of pestilential diseases going on in her hold and timbers, is pointed out. "The question of detention and purification, in each case, should be determined from the actual condition of the vessel and her company, ascertained by a full, careful, deliberate and systematic examination, executed by well instructed experts, at such place and under such regulations as shall preclude the possibility of her communicating disease, should she prove to be foul or infected." The turning point of the whole subject is set forth by the committee in their recommending a sound and well digested code of naval hygiene, and of the necessary measures for insuring its strict enforcement, to be adopted by all commercial nations. Much would be done to prevent the occurrence of disease, before or after the arrival of a vessel, either among its own company, or, through it, among the people of the port at which its cargo, crew and passengers are landed, "were proper officers appointed at every port, with power to examine into the condition of all vessels sailing thence, in respect to construction, dryness and ventilation, the health and number of the crew, the condition and accommodation of passengers, the sufficiency and quality of the food and water, and the general cleanliness of the vessel itself, and of the persons, clothing and bedding of her entire company; and to allow no vessel to sail that, in all these matters, falls below the proper hygienic standard."

Dr. Wragg, in a well written paper, being his contribution to the report of the committee, discusses the question as to the feasibility of a uniform system of quarantine laws, and, admitting the ability to reach such a result, to propose a plan accordingly. After criticising the quarantine laws of the United States, and pointing out their inefficiency, the writer proceeds to consider some of the difficulties in the way of enforcing them as they now exist. One of the first is referable to the separate and independent State sovereignties. Even in the case of a particular city, he shows "that no restrictive laws upon vessels, cargoes, crews or passengers can be so framed as to control any one of these after they are in port." A satisfactory system of quarantine laws must, we are told, "include two indispensable requisites; first, they must effect an absolute exclusion of all infected articles, whether they be animate or inanimate; second, they must be in force equally and uniformly throughout the United States." The means for attaining

these ends are pointed out and argued with much ingenuity by Dr. Wragg. He terminates his summing up by recommending that "in order to have the law laid before the public with all the prestige of high authority, it would be desirable to obtain the co-operation of the American Medical Association."

The discussions elicited by the report of the Committee on Quarantine, in the Convention, were animated, and prolific of fact and argument. They were terminated by the adoption of the following resolution of Dr. Stevens, as amended by Dr. A. N. Bell.

"That, in the absence of any evidence establishing the conclusion that yellow fever has ever been conveyed by one person to another, it is the opinion of this Convention that the personal quarantine of cases of yellow fever may be safely abolished, provided that *fomites* of every kind be rigidly restricted."

The votes on this resolution were seventy in the affirmative to four in the negative; and, on the following day, several delegates, who were absent on the first occasion, entered their votes, making the full returns to stand eighty-five in favor and six adverse to the resolution. Of the former, seventy-one were medical men; and of the latter, two, (Drs. Francis and Nichols.) We forbear from offering any strictures on the qualification of the belief in non contagion contained in the term *fomites*. A decided step has been gained, and, if the advance party still consent to take up their quarters, for present convenience and as a concession to popular prejudice and credulity, at an old house, with an equivocal name, they will not belong in pursuing their onward course, and in due time in razing it to the ground. The attention of the authorities, under suitable legislative enactments, will then be directed, fixedly, to the sanitary condition of the vessels, and of the crew and passengers, arriving in our ports, without laying special stress on season or place of departure. No restraint can be imposed on the free movements of the crew and passengers, unless they be suffering, at the time, from admitted contagious fevers—such as those of the acute eruptive class; nor will it be necessary for a vessel to bring with her a clean bill of health if she contains within herself no obvious causes of disease.

The richer half of the volume before us—that on the internal hygiene of cities, and which includes the reports of committees on different subjects coming under this general head—will soon be brought before the notice

of our readers. Its importance requires something more from us than a merely bald announcement of its contents, which is all that we could now give in columns already full.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 25, 1860.

MORTALITY OF SACRAMENTO CITY, CAL., FOR 1859.

We have been quite interested in the necrological report for the above city, for 1859, by Thos. M. Logan, M. D.

The total mortality was 307. The population of the city the Dr. estimates at 20,000. If this calculation is correct, the deaths are 1 to every 65 of the population, or as 15 to every thousand living, and presents a highly favorable condition of the health of Sacramento.

Pulmonary consumption, according to these statistics is quite fatal, swelling the mortality in 1859, over one-fifth of all the deaths. They numbered 63, or 20.52 per cent.

Dr. Logan is not willing to attribute the prevalence of this disease in California altogether to the immigration of consumptive invalids from the eastern states, as has been heretofore assigned for its ravages. But as we understand him, he takes a more rational view of the cause, and suggests that it is the "result of long continued agencies, springing from extraordinary mental excitement, gross irregularities of life and overtasking of the physical energies, which, by deranging the healthy equilibrium, or insidiously depressing the vital standard, become in systems already pre-disposed to strumous affections the exciting causes, in connection with the peculiar climate of California, which the doctor believes is unfavorable for consumptives. He alludes particularly to the sudden vicissitudes of the atmosphere during the summer nights.

Cholera Infantum, supplies but one death in the year, while convulsions furnish only six. A similar limited proportion when compared with the infant mortality in our Atlantic cities, prevails as to the mortality from other diseases to which children are subject.

The number of deaths in children under ten years, was 110, or 35 per cent. of the total mortality from all ages. This calculation does not include the still-born, which amounted to 22.

Diphtheria and croup, which are recorded together under one head, gave 14 deaths. This connexion is made, in order to arrive at a more correct data for the deaths from diphtheria, as Dr. Logan thinks, that many of these cases have been designated in the certificates of deaths by other names, and because the deaths from croup and all of a diphtheritic character, hence he says, "by taking a medium course and assuming that only one-half of all those deaths, which should have been credited to diphtheria, have been registered to other names." He arrives at the true state of its mortality.

While we agree with Dr. Logan, that the confusion of terms which now exists in regard to this formidable disease, (and we would say as much in regard to the loose and confused manner of certifying to deaths, from many other diseases,) is unfortunately, for the exact science of vital statistics. We must dissent from him in his views of croup, that, unless the inflammation becomes so violent as to form a false membrane, it is not croup, but a "simple form of catarrhal affection," and that the "hoarse or croup like sounds, are only harmless symptoms of another disorder." Nor do we believe that because "children are subject to it, (croup.)" hence "it is of an innocuous character." But we cannot follow him up in all his peculiar notions of croup, and would in a word, caution the younger branches of the profession from falling into the error, that when called in the night, to a child laboring under the paroxysm of croup, it "will soon pass off if left to its own course," for the doctor teaches, that any "special treatment is questionable," unless this paroxysm runs into "the membranous disease which it never does."

Croup, according to Dr. Wood, one of our best standard authorities, is "a disease in which inflammation, or high vascular irritation of the laryngeal, or laryngo tracheal mucous membrane, is combined with spasm of the in-

terior muscle of the larynx, giving rise to peculiar modifications of voice, cough and respiration," and while the same able writer admits a catarrhal and pseudo-membranous croup, he says impressively, "no rule in medicine is more certain, than that every case of croup, whatever may be its apparent character, should be treated promptly and efficiently." This is the invariable experience of every sound practitioner of medicine, and should never be lost sight of, under any circumstances.

MORTALITY OF PITTSBURGH FOR 1858.

We have received from Dr. A. C. Murdoch, City Physician of Pittsburgh, the annual statement of deaths in that city during 1858. They amount to 859. Of these, 432 were males, 385 females, and 42 were still-born of both sexes.

The deaths among children under one year, not including still-born, amounted to 192—23.50 per cent. of the total mortality. Those under five years, were 400, or 48.95 per cent. This will compare favorably with many cities, but a higher percentage than for Philadelphia during the same year.

If the population of Pittsburgh was 80,000, in 1858, then the death pressure was only one in every 93 of the living! A proportion, far beyond that of even a rural district, and speaks in strong terms for the health of the Iron city.

The deaths from consumption amounted to 119—equal to 13.34 per cent. of the total of deaths for the year, exclusive of still-born, a proportion less than in most other cities in the Northern or Middle States.

Cholera infantum furnished 61, or 15.25 per cent. of all the deaths under five years. This estimate is 1.25 per cent. higher than that of Philadelphia for the same year.

Scarlet fever prevailed to a considerable extent during the year, and was quite fatal, as nearly one-eighth of the mortality is charged to this epidemic.

We observe that the columns for males and females, do not, as in the tables of mortality in most of our cities, furnish the grand totals,

but only those of the sexes for 20 years and upwards. This is calculated to mislead without an explanation.

We are very favorably impressed, however, with the tabular accuracy of this report, and with the fair standard of public health therein indicated for the city of Pittsburgh.

We should be happy to receive the statement for 1859.

BRAITHWAITE AND RANKING.

The species of medical pedriodical literature represented by Braithwaite's *Retrospect* and Ranking's *Abstract*, is very popular in this country. We have received the re-publications of these works for the last half of the year 1859, the former from W. A. Townsend & Co., of New York; and the latter from Lindsay & Blakiston, of this city. They are always filled with interesting matter to the physician.

We would take this opportunity to refer to the work of the same class, but on a much more extended scale, published in New York by Drs. Elmer & Elsberg. We mean the *North American Medical Reporter*. A new volume will begin in April. The work is published quarterly, and is intended to be a complete index of cotemporaneous medical literature, both European and American. The editors are men of ability, and are capable of making an excellent work for the profession. We bespeak for them a liberal support.

SCOTT COUNTY MEDICAL SOCIETY v. DR. IGNATIUS LANGER.

It will be remembered that we some time since gave publicity to the fact that Dr. Langer had been expelled from the Scott County, Iowa, Medical Society, with the reasons therefor. It seems that the Doctor, very naturally disliking to rest under the imputation of such charges as were alleged against him, published an article in the *New York Medical Press*, in which he endeavors to put his case in a different light from that contained in the charges. His article is principally made up of quotations from various authorities, in support of the fact that the position of the foetus in utero may be changed by external manipulations. This is

not denied by the Society, but it charges Dr. L. with having professed to do this in an objectionable manner, and from unworthy motives. The field is certainly a wide one for the exercise of quackish propensities, and we are not disposed to doubt that the Society had sufficient ground for action in the premises. As the paper we publish from the committee of the Society reviews Dr. Langer's article very thoroughly, our readers can learn therefrom the position that he takes, and how he endeavors to fortify himself in it.

The subject of external manipulations to correct malpositions of the fœtus, is of little practical interest, as it is very seldom that these really occur, and it certainly is no part of the business of an accoucheur to be handling pregnant women, to see whether he can discover such a state of things. One thing is certain, the man who would take such a liberty will be pretty apt to find plenty of malpositions to rectify. Of course there may be exceptional cases in which it may become the duty of an accoucheur, at a proper time, to endeavor to discover, and, if possible, to rectify a malposition of the fœtus; but these would be so few that there could be little inducement for an honest and well-meaning man to make a public boast of his ability to perform so delicate an operation. We should look for the extreme of modesty in the man who was capable of doing this, and who could be trusted under such circumstances.

THE AMERICAN MEDICAL ASSOCIATION

Will hold its thirteenth annual meeting, at New Haven, on the *first Tuesday of June, 1860.*

The Secretaries of local societies, colleges, and hospitals, are requested to forward to the undersigned, the names of delegates, as soon as they are appointed.

STEPHEN G. HUBBARD, M. D.,
Secretary.

New Haven, Ct.

An autopsy of the body of Dr. Renwick, who died recently while under the influence of chloroform at Alloa, Scotland, revealed cardiac disease.

News and Miscellany.

A new Sanitary Question.—The subject of preventing the passenger railroad companies of this city strewing salt along their tracks is now before the City Councils.

The ordinance to regulate passenger railways requires the companies to remove snow or ice from their tracks within five days, when the impediment from it is so great as to prevent public travel in the cars, or, in their stead, to use sleighs for the conveyance of passengers. This removal it has been ascertained can be more rapidly effected, and cheaply accomplished by the simple distribution of salt along the tracks than by mechanical means.

This influence of salt was well illustrated by the impediments produced by the snow of last Saturday. During the following day, Sunday, on which the cars did not run, some of the companies freely distributed salt on their tracks. The result was that on Monday those tracks on which the salt had been distributed could be used with but slight inconvenience, whilst on those on which the salt had not been spread the cars could, with double the usual number of horses, be dragged only with extreme difficulty.

About thirty thousand bushels of salt have in this manner been scattered during the present winter.

The rapidity and efficiency of this use of salt cannot be doubted, but it has been violently opposed with many real and imaginary objections. Some of these are unworthy of attention and are evidently from that class who oppose everything new as a disastrous innovation. Beyond the evil influence of frequently wetting the boots and shoes of pedestrians with a solution of salt, no very great objection to the practice is apparent. The deliquescent property of salt keeps the leather when saturated with it perpetually moist, thus chilling the feet, and many individuals, it is said, who have not habitually suffered from cold feet, now suffer much inconvenience from the perpetual and chilling moisture of their foot gear.

We are not prepared to decide as to whether the rapid cleansing of the track by the use of salt, so as to facilitate travel, and thus avoid much exposure and wet feet which would be incurred by the delay of removing the snow by carting it from the streets, will counterbalance the ill effects alluded to. But the whole difficulty would, we think, be removed if the railroad companies could be compelled to keep the crossings for foot passengers entirely clear of

snow, ice and dissolved salt. The abundant use of salt on the tracks might then be continued without its coming in contact with calf skin or crinoline and without detriment to the health or comfort of any.

Florence Nightingale and her "Notes on Nursing." The *Medical Times and Gazette* makes the following remarks in regard to this eminent lady and her recently published book:

Nursing the sick has been with her a labor of love; the whole tenor of her writings tends to ennoble that vocation, and to redeem it from the hands of the ignorant, the stupid, and the thoughtless. With noble and most devoted energy she has always endeavored to elevate the calling of the nurse, by bringing thought, intelligence, and study to bear upon her work, and by calling forth the finer feelings of the mind in the exercise of the most humane of all vocations. It is now more than fourteen years since Florence Nightingale began to give her undivided attention to this field of thought and action. Twice has she been in training as a nurse at the Institution of Protestant Deaconesses at Kaiserwerth, on the Rhine. She has studied with the "Sœurs de Charité" in the Hospitals of Paris. She has visited the Hospitals of Berlin, and those of many other towns in Germany. She has visited those of Lyons, Rome, Alexandria, Constantinople, Brussels, and likewise the Hospitals in the chief towns of our own country; but the most extensive sphere of her usefulness, and one where her experience was most matured, was in our Military Hospitals at Scutari and the Crimea, during the Russian war. Thither she was sent by Mr. Sidney Herbert, then and now Secretary at War, who has the honor and merit of having been the first to appreciate, and to put in a position of public usefulness, the singular abilities of Florence Nightingale. What she succeeded in doing at Scutari and elsewhere for our sick and wounded soldiers is now a matter of history. What she has since done in bringing about sanitary improvements in our army has still to be recorded. She has never been at rest since her arrival in this country. With such precedents and with such extensive experience, acquired among scenes of most varied suffering, can any one doubt that a written record of her thoughts and ideas regarding the subject of nursing the sick can be other than of the greatest possible public interest? She has undoubtedly ennobled the calling of the nurse, she has made her vocation

a labor of love, and has sacrificed her health in the acquisition of her extensive experience. She has brought to bear upon the subject all the energies of an active and highly cultivated intellect, rendered still more energetic by intense enthusiasm in the work. The asperities of business not unfrequently encountered in the rough walks of life through which she has passed, have been at once smoothed down or have altogether disappeared through the influence of that remarkable tact with which she is so largely gifted, directed by a mind the most amiable, gentle, and refined. We think, therefore, we are justified in the belief we have expressed, that no other living person than Miss Nightingale could write a book on nursing such as we have now before us. Every line of it from the preface to the end rivets the attention, every paragraph is suggestive, every page carries the reader into a world of thought.

A Hint to Stethoscopists.—"When the anatomical lesion becomes manifest, it is almost always too late for therapeutics to effect a cure. Disease must be combated in diathesis, in its tendency and in its state of power as a dynamic agent, when pervading the economy in its innervation and circulation; this is the form, and the degree, and the period under which it must be met; it is too late when the stethoscope and the plessimeter become of service as diagnostic agents."—*Gazette Medicale.*

A naval medical board will meet at the Naval Asylum, Philadelphia, on the first day of March, for the examination of assistant surgeons for promotion, and of candidates for admission into the navy. The board will consist of Surgeons James M. Greene, W. S. W. Ruschenberger, and J. M. Foltz. It would be well for those who desire to appear before the board to make immediate application to the Secretary of the Navy. The examination of assistant surgeons for promotion will precede that of candidates for admission, and will probably occupy two or three weeks.

Three young natives of Madagascar have been sent to study medicine in Paris, by the Prince Bakotyn, a very enlightened man, who is the eldest son of the present Queen Ranavolo.

Dr. J. H. Smaltz has been elected one of the Consulting Obstetricians of the Northern Dispensary of Philadelphia.

Habitual Drunkenness.—It has been legally decided by Judge Balcolm, of Tompkins county, N. Y., on an indictment of selling liquor to a person "guilty of habitual drunkenness,"—that a man who gets drunk once a month for a year or more is to be deemed guilty of habitual drunkenness.

Twin Children born in different Years.—The following announcement is from a Scottish paper:—"At Silverhillocks, Gamrie, the wife of Charles Wilson, of twin daughters, one born on the 31st December, 1859, and the other on January 1st, 1860."

Lancaster City and County Medical Society.—At the last annual meeting, the following were elected officers for 1860:

President, Dr. A. Sheller, Mount Joy; Vice-Presidents, Drs. A. Eshleman and John R. Raub; Recording Secretary, Dr. I. Levergood; Corresponding Secretary, Dr. Henry Carpenter; Treasurer, Dr. I. Aug. Ehler; Censor, Dr. Jno. Ream.

Drs. Samuel Parker, J. L. Atlee, sen., B. Rohrer, John Ream, P. Cassidy, John B. Raub, and I. Aug. Ehler, were elected delegates to the American Medical Association.

Dr. Henry H. Smith has been elected one of the Consulting Surgeons of the Northern Dispensary of Philadelphia.

Exsection of the Hip-joint.—Dr. P. C. Price, of London, the author of a valuable record of cases of exsection of the knee-joint, requests in the *Medical Times and Gazette*, correct statistics and details of the operation of the complete or partial removal of the hip-joint.

A Practical Application of Hypnotism.—It has been long known that chickens are susceptible of this influence, and it has, we are aware, often been practised for amusement. It is performed by running a chalk line down the beak of a cock, and continuing the line along a board on which the cock is stood, so that his vision will be directed to the white line by keeping the point of the beak against it for a short time. It is suggested that the anæsthetic state thus produced may be taken advantage of in the operation of making capons.

One of the cells of the yeast plant, when at its full growth, measures about 325-100,000th of an inch in diameter.

To Correspondents.

Dr. B.—The Library of the Pennsylvania Hospital is open to those who have the privilege of using it, on Wednesday's and Saturday's, immediately after the clinic.

D. D. S.—We think that a practicing dentist would, although a graduate in medicine, be ineligible to membership in any of the Medical Societies of this city. The Medical Societies are certainly intended for practitioners of medicine on y. The constitution of the College of Physicians is very clear on the subject; that of the Philadelphia County Medical Society is not so well defined, seeming, as it reads, merely to require medical graduation.

T. R. Ky.—There is no surgical subject on which there is such a diversity of appreciation at this time, as the operation for the radical cure of hernia by invagination. The reports of the results by the different methods of closing the inguinal canal, are very contradictory. The operation is growing in favor among surgeons in this country, particularly in the South and West; while in Europe it is falling into discredit on account, it is said, of the very frequent gradual return of the infirmity after some time. The operation seems, judging from the reports, to be not attended with danger. The different instruments for the operation, including Wutzer's, may be had of the principal instrument makers in this city. See their addresses in the advertising columns.

COMMUNICATIONS RECEIVED.—Connecticut, Dr. S. G. Hubbard—Illinois, Dr. Charles White—Indiana, Dr. B. S. Woodward, (with encl.), Dr. L. D. Hagebrook—Iowa, Dr. E. J. Fountain—Louisiana, Dr. J. F. Newton, (with encl.)—Massachusetts, Dr. Levi Pillsbury—New Jersey, Dr. J. T. Calhoun, Dr. Geo. F. Fort, Dr. W. A. Newell—New York, Dr. John H. Griscom, E. Quarr—North Carolina, Dr. James G. Armstrong, (with encl.), Dr. W. H. Howerton—Pennsylvania, Dr. J. Breitenbach, Dr. M. H. Clark, (with encl.), Dr. J. Levergood, Dr. Wm. S. Harsh—Rhode Island, Dr. H. Allen, (with encl.)

Office Payments.—Dr. T. D. Durham, Dr. H. Halberstadt, W. S. Hilles, (adv.), Northern Dispensary, (Phila.), S. L. Thurlow.

MARRIAGES.

BROWNE—BARR.—On the 16th instant, at Baltimore, by Rev Thomas Sewell, Dr. P. F. Browne, of Accomac C. H., Va., and Mrs. Mary Linn Barr, only daughter of the late Senator, Dr. Lewis F. Linn, of Missouri.

COCKERILLE—DUFOR.—In Washington City, on the 14th instant, by the Rev. C. M. Butler, Dr. Sam'l J. Cockerille, and Miss Hevila Ruter Dufour, only daughter of Oliver Dufour, Esq., of Indiana.

DEATHS.

SWING.—On Wednesday morning, January 4th, of paralysis Charles Swing, M. D., of Sharptown, New Jersey.

Dr. Swing was a graduate of the University of Pennsylvania, and had been engaged in the practice of medicine in Salem county for forty-five years. He was a member of the State Medical Society, and of the Board of Censors of his District; was an excellent physician, a good citizen, and an amiable man. He was, also, some years ago, a member of the Legislature of New Jersey, and was highly esteemed in the community.

TODD.—Robert Bentley Todd, the eminent physician and physiologist, died suddenly on Monday evening, the 30th ultimo, at his residence in Grosvenor Square, London. The deceased was born and educated in Ireland, and was admitted a Fellow of the Royal College of Surgeons in Dublin, in 1824.

He was well known to the profession as one of the most prominent physiologists of the age, and the author of several works of high character. He was a member of the Council of the Royal College of Physicians, and enjoyed for many years a very extensive practice.

ALEXANDER—Mr. Alexander, Director General of the Medical Department of the Army, died of gout, in London, on the 1st inst. He had seen twenty-five years active military service, and his name was always very prominent in the official despatches from the Crimea, where he served with intelligence, energy, and self-sacrificing devotion to the wounded at the Alma, Inkerman, and other battles.

THOMPSON—Mr. Hale Thompson, Consulting Surgeon to Westminster Hospital, London, and author of Lectures on Spinal Diseases and Deformities, died in the same week with the two prominent persons whose names are noticed above. He died, it was believed, from an over-dose of chlorodyne, which he had been in the habit of taking, acting on a diseased heart.

TRUSS AND BRACE DEPARTMENT, CONNECTED WITH NEEDLES' PHARMACEUTICAL STORE, 12TH AND RACE STREETS, PHILADELPHIA.

C. H. NEEDLES' experience in ADJUSTING TRUSSES, (gained by attention to same during the past ten years,) authorizes the assurance to Medical gentlemen, that such of their Patients as require

MECHANICAL REMEDIES,

will receive at his Establishment faithful and judicious attention. His Stock of

TRUSSES

embraces an extensive variety of true FRENCH, and the most approved AMERICAN, adapted to every form of Hernia in adults and children.

A LADIES DEPARTMENT

Attended by Ladies, was opened some years ago, in connection with above, with flattering results. 175

SUMMER INSTRUCTION

FOR STUDENTS OF MEDICINE.
THE EIGHTH ANNUAL COURSE OF LECTURES OF THE Philadelphia Association for Medical Instruction, will commence on the first Monday in April, 1860, and will continue, with the usual midsummer recess, until the opening of the winter schools. The lectures are so arranged as to permit the student to avail himself of the numerous clinical courses delivered in the city, both at the Hospitals and elsewhere.

Obstetric Cases are awarded to such of the class as desire them.
The following is the schedule of the course:
Medical Chemistry, by Robert Bridges, M. D.
Obstetrics and Diseases of Women, by William V. Keating, M. D.

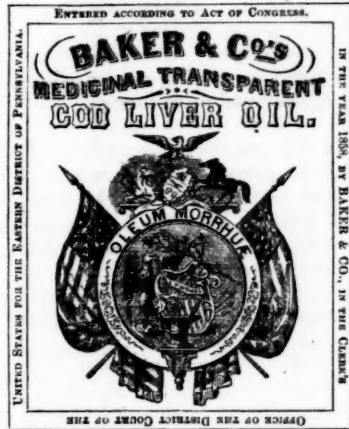
Anatomy, by Ellerslie Wallace, M. D.
Institutes of Medicine, by S. Weir Mitchell, M. D.
Institutes and Practice of Surgery, by Addinell Hewson, M. D.
Principles and Practice of Medicine, by J. Da Costa, M. D.
Materia Medica and Therapeutics, by James Darrach, M. D.
Surgical Anatomy and Operative Surgery, by John H. Brin- ton, M. D.

The Department of Practical Obstetrics is under the charge of Dr. Keating, assisted by Dr. William D. Hoyt. Board and accommodations during the summer, are, in Philadelphia, usually to be obtained on more reasonable terms than during the winter.

For further information relative to the course, apply to
ELLERSLIE WALLACE, Secretary,
No. 277 South Fourth street, Philadelphia.

The most Reliable, Efficacious, and Scientific
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which, from its long established and well-tested reputation for purity, freshness, uniformity of character, and superiority of its mode of preparation, from the most eminent of the medical profession throughout the country, the distinguished faculty of the oldest and best medical colleges, the University of Pennsylvania, and thousands of invalids—claims the patronage and confidence of all who desire the advantages of a superior and genuine article.

As the value of this remedy depends solely on its genuineness, invalids should be careful to take only that of undoubted reputation, as its qualification cannot be ascertained by observation.

For testimonials, see the pamphlets accompanying each bottle, and be sure to procure only "J. C. BAKER & CO.'S PHILADELPHIA COD LIVER OIL," which is to be had of all apothecaries, and from the proprietors.

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175

DEMONSTRATIVE COURSE OF INSTRUCTION IN PHYSIOLOGY, BY J. J. WOODWARD, M. D.

Dr. WOODWARD will give a Demonstrative Course of Instruction in Physiology, during the Summer of 1860, beginning about the first of April.

The Lectures will be delivered twice weekly, at convenient hours, at his room, N. W. corner Ninth and Chestnut streets, and will be fully illustrated by

VIVISECTIONS AND EXPERIMENTS.

Fee for the Course.....\$10

For Tickets, or further information, apply to

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N. E. corner of 10th and Vine streets.

Dr. WOODWARD is also prepared to receive a few pupils for practical instruction in the APPLICATION OF THE MICROSCOPE TO MEDICAL PURPOSES. For particulars inquire as above. 175

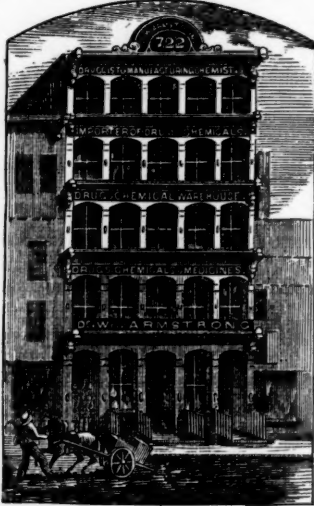
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POWDERS.	PRINCIPLES.	Av. dose in grs.	Price per oz.
Ampelopsin.....	Res. Rd. Neut.....	2 to 5	1 50
Alnuin.....	Res. Rd. Neut.....	2 to 10	75
Apocynin.....	Rd. Res. Neut.....	1 to 5	2 00
Asclepin.....	Rd. Neut.....	1 to 5	1 50
Baptisin.....	Res. Neut.....	1 to 8	1 00
Barosmin.....	Res. Neut.....	1 to 3	2 00
Caulophyllin.....	Rd. Neut.....	2 to 5	75
Ceraeol.....	Rd. Neut. Amyg. Phil. Pic.	2 to 10	1 00
Chelonin.....	Rd. Neut.....	2 to 5	1 25
Chimaphillin.....	Res. Rd. Neut.....	2 to 5	1 00
Collinsonin.....	Res. Neut.....	2 to 5	2 00
Colocynthin.....	Rd.....	3 to 2	2 00
Cornin.....	Rd. Neut.....	3 to 5	1 00
Corydalin.....	Res. Rd. Alk. Neut.....	1 to 3	3 00
Cypripedin.....	Rd. Neut.....	2 to 4	1 00
Digitalin.....	Rd. Alk. two Neut.....	1 to 1/2	1 50
Dioscorein.....	Res. Neut. M. R.....	2 to 5	1 50
Enonymin.....	Rd. Alk. Neut.....	1 to 4	2 00
Enphorbin.....	Rd. Neut.....	1 to 3	1 50
Eupatorin (perfo.).....	Rd. Neut. Alk.....	1 to 4	75
Eupatorin (purp.).....	Rd. Neut. Alk.....	2 to 5	1 50
Fraserin.....	Res. Neut. and M. R.....	2 to 10	1 00
Gelsemin.....	Rd. Alk. Neut.....	1 to 1	2 00
Geramin.....	Rd. Tannin.....	2 to 5	60
Gossypilin.....	Rd. Neut.....	3 to 8	2 00
Hamamelin.....	Res. Neut.....	1 to 3	1 00
Helonin.....	Neutral.....	2 to 5	1 00
Hydrastin.....	Res. Rd. Alk. Neut.....	1 to 3	1 25
Hyocyamin.....	Res. Rd. Alk. Neut.....	1 to 5	2 50
Irisin.....	Res. Rd. Alk. Neut.....	1 to 5	1 00
Jalapin.....	Rd.....	2 to 5	1 50
Juglandin.....	Rd. Neut.....	2 to 10	75
Leptandrin.....	Rd. Res. Alk. Neut.....	2 to 5	60
Lupulin.....	Res. Rd. Neut.....	1 to 4	75
Lycopin.....	Rd. Neut.....	1 to 4	1 00
Macrocin.....	Rd. Alk. Neut.....	1 to 2	60
Menisperm.....	Rd. Alk. Neut.....	1 to 5	1 00
Myricin.....	Rd. and Tannin.....	2 to 5	60
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